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SCHOEPPÉ MURDER TRIAL.

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Dr. PAUL SCHOEPPÉ,

*In the Court of Oyer and Terminer of Cum-
berland County, Pa.*

CHARGED WITH THE MURDER OF

MISS MARIA M. STENNECKE,
BY POISON.

*Hon. JAMES H. GRAHAM, President Judge,
HUGHES, STUART and T. P. BLAIR,
Associate Judges.*

THE COURT CONVENED ON
MONDAY, MAY 24TH, 1869.

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THE TRIAL.

The Court of Oyer and Terminer convened in Carlisle, at 10 o'clock, A. M., on Monday, May 24th, 1868. After disposing of a small amount of miscellaneous business, the case of ADAM TITUS, charged with the murder of HENRY STAHM, was called up, on motion of the District Attorney, it was passed by, and the case of Dr. PAUL SCHOEPPPE, charged with poisoning MARIA M. STENNECKE, was called, when his Attorneys reported that they were prepared to proceed with it. The Court then took a recess to await the arrival of Jurors by the 11 o'clock train. At 11.35 A. M., the Defendant, Dr. PAUL SCHOEPPPE, was duly arraigned by the District Attorney, C. E. MAGLAUGHLIN, Esq., who, in conjunction with William J. Shearer, Esq., appeared for the Commonwealth, and Wm. H. Miller, Esq., Hon. Samuel Hepburn, Henry Newsham and Samuel Hepburn, Esqs., appearing for the Defendant. The Defendant pleaded "not guilty."

The following Jurors were then called, and having answered the usual questions propounded were sworn:

Jacob Rhoads, of West Pennsborough Township; Thomas J. Early, of Southampton; James Anderson, of Silver Spring; John Barrick, of Mifflin; Martin Kunkle, of Hopewell; William Keller, of South Middleton; W. H. Weakley, of South Middleton; Henry F. Drawbaugh, of Newville; Jacob E. Mohler, of Upper Allen; James Graham, of Hopewell. William Balsley, of Hampton; D. Wherry, of Newberg.

The case for the Commonwealth was eloquently opened by C. E. Maglaughlin, Esq., District Attorney.

The first witness called was H. L. Burkholder, who being sworn, testified as follows:

Was proprietor of the Mansion House on the 27th of January last; Miss Stennecke came there 19th of January. On morning of 28th January last, about 6 o'clock, I sent the porter to her room to make up the fire in her stove, after some little time he came

down, fifteen minutes afterwards the chambermaid came to me; from what she said, sent for Dr. Schoeppe; I sent for Dr. Herman. Schoeppe did not come. He was not at home. Between 8 or 9 or about 9 o'clock, I saw Doctor Herman and Doctor Schoeppe both at my house. Maria Stennecke died on the evening of the 28th January last, about ten or fifteen minutes after 6 o'clock, word came to me that she was dead. Died in my house. On the evening of the 27th, knowing that she was sick, I went to her room. It was on the morning of the 27th, she was reported to be dying. It must have been the morning of the 28th, I went to her room, for she died the same evening. On the night of the 27th, between 9 and 10 o'clock, I went to her room, thinking that she might stand in need of something. I rapped at her door two or three times without getting any answer. The ventilator was open above the door. I called to her two or three times, and got no answer. I didn't disturb her further but left the room.—The body was taken away from my house the morning after the death.

LEWIS A. SMITH, sworn—I am the teller in the Carlisle Deposit Bank. On the morning of the 27th of January, 1869, between 9 and 10 o'clock, Maria Stennecke was at the Bank. She appeared to be in about the same state of health she always was. I noticed no change. This check was drawn by her and cashed on that day. Filled up by Mr. Hassler and signed by her. It was on the 27th of January, 1869, the money was received by her, on this check.

Cross-Examined:—Nothing more than date of the check fixes my recollection. She was at my desk. There was nothing out of the way to attract my attention. I cannot say I was busy more than ordinary. I cannot say that I observed anything out of the way. I cannot say whether she had a veil on or not.

In Chief:—This check came to the counter without a stamp. And the stamp was not

cancelled at the time the check was cashed but afterwards.

Re-Cross Examined:—At the time the Bank Book was settled up I observed several checks with the stamps not cancelled. I am not positive as to the date. I know there was a stamp on it when it was paid, but was not cancelled. Nothing prevented the cancellation that day. I have nothing more definite than the date on the paper.

Re-In-Chief:—This is the bank book.—The account was settled some time after the 10th of February.

Mrs. MARY PARKER, *sworn*—I was boarding at Mr. Burkholder's Hotel on the 27th of January last. I saw Miss Stennecke on the morning of the 27th at breakfast. It was on Wednesday, she was not at dinner. I missed her at the dinner table and went to her room to see her, and found her completely prostrated. She seemed very languid and I left. It was 2 o'clock, P. M., when I went in. I was not in her room that day again. I saw her next on Thursday morning, a little after 6 o'clock. In the morning a little after 6 o'clock, I saw her insensible. She was lying insensible, breathing rather heavily. In the morning when I first saw her I thought her eyes a very little bit open. I saw her again at 12 o'clock and her eyes were not so much open, were closed. There seemed to be a perspiration on her face at noon. I went back to her room before 6 o'clock that evening, before she died, and remained until her death; I left a few moments afterwards. I saw Doctor Schoeppe about 12 o'clock, near Hughes's shop, just above the Hotel, he came out of the Hotel and told me she (Miss Stennecke) was very poorly. I asked him why he gave her the vomit the day before, on Wednesday, and he told me he only gave her two grains of Tartar-emetic, and ten of Epicacuanæ. He asked me if I was well. I said I was all right. He said Miss Stennecke had a poor appetite. I told the Doctor that Miss Stennecke had told me that the Doctor had given her something to make her sleep. He shook his hands very much and said: "no! no!" "I didn't give her anything to make her sleep." Miss Stennecke told me and Mrs. Schindel not to come into the room. We offered to remain with her, but she refused us. On Wednesday afternoon I found her very drowsy, (the day before her death.)

Cross-Examined:—The Doctor did not say to me that Miss Stennecke wanted him to give her anything to make her sleep. She was lying on her left side in an easy

position. The room seemed to be very close. I opened the door, and left it open while I was there. I was there in the morning not more than twenty minutes. I was up close to her bed. I put my hand on her forehead. Her forehead and hands seemed somewhat clammy rather cold. I was under the impression that her forehead and hands did feel natural, that she was under the influence of morphia, and when that went off she would be well. There was no unusual odor, but the room was very close and it was very unpleasant to be in it until the door was open. No odor of peach leaves or bitter almonds. No froth about her mouth, there seemed in the morning as though there was something running out of her mouth, but it was not froth. Did not observe it afterwards. Her breathing did not amount to a snore, but made quite a noise. It seemed to me the noise was when she exhaled. There was no distortion of features that you could see. None of them were displaced. Nothing like convulsions. The breathing was not regular. It would apparently stop for awhile. There was no rigidity of the muscles. About the same condition when I was there afterwards. I think I talked with him once more. I can't say that his manner is always excited, I thought he seemed somewhat excited when he made the remark that he did not give her anything.

DOLLIE TURNER, (colored), *sworn*—I was chambermaid at Mr. Burkholder's Hotel when Miss Stennecke was there. I attended to her room. I know Dr. Schoeppe when I see him. He came to see Miss Stennecke pretty often. I saw him there pretty often. Can't say how often. He generally came in the morning. I saw him there the day she took sick. She told me he was to come that morning. I saw him there bet. 10 & 11 in the morning. I met him in the entry. He went into her room, and after he was there she called me to bring a spoon. I took it to the door and handed it to the Doctor. He took it from me. I didn't go into the room. He met me at the door, and I handed him the spoon. After the Doctor was gone she called me to empty her bucket. He had given her something she told me, to throw the heaviness off her chest. It was after the Doctor left she had the vomit, after the cars had gone down. I don't know how long, I think it was after eleven. After I emptied the bucket she laid down. She said the Doctor said she should lie down. In the afternoon, at 3 o'clock, after the Doctor came to the kitchen and called me, and told me Miss Stennecke wanted the

chambermaid at her room. I went to her room. She was lying in bed, she didn't seem to be very ill in the afternoon. I just went to the door. I went again to her room between 7 and 8 o'clock, the same evening, and I found her seeming to be very sick and sleepy. That is the way I left her that night. She got up, undressed and went to bed; she had a wrapper on. I helped her to undress; I helped her to get out of bed. When I wouldn't speak she would doze off, sitting on the chair, when I would call her to arouse her. I didn't see her then until the next morning at 6 o'clock. I saw her then in bed. I went to her, shook her and called her, but she never moved nor answered a word. Her breathing was very hard.

Cross Examined.—She didn't appear to take long breaths. I didn't notice particular but she was breathing very hard. There was nothing convulsive about her that I noticed. I did not feel her hand or forehead. The Porter was the first to go in her room. I went in about six o'clock. I didn't notice any unusual odor or smell about the room. Didn't notice any particular smell at all. I took her some supper up,—some beef-steak, some bread and butter and a cup of tea.—I left it in her room. This was before I undressed her for bed. I was in the room, off and on the day she died. Didn't notice any frothing about her mouth. Was not in the room when she was laid out. No rattling in her throat that I noticed.

MRS. LAVINA SCHINDEL (affirmed)—I was boarding at Burkholder's Hotel at the time Miss Stennecke was there. I saw her at the breakfast table on the morning of the 27th of January, the day she took sick. I did not see her after that until the morning of the 28th between 7 and 8 o'clock. I saw her in her own room in an unconscious state, breathing quite heavily. I felt her pulse, it felt strong, a little quick, I felt her hand and forehead, they appeared moist and in a natural condition. I was talking that day to Dr. Schoeppe, the day she died, the 28th, between 9 and 10 o'clock. He told me he had given her a vomit the day before and when he returned about twelve o'clock, he found her very much prostrated. He was there several times in the afternoon, and in the evening between 8 and 9. That at that time she was in her full senses, and said she spoke of the eclipse of the moon. That she asked him for something to put her to sleep, that she refused to give it to her saying she was too weak. That she said she would take something herself; that he shook his

finger at her and told her not to do so, and left the room. That he asked her about locking the door, and she said she was too weak and tired to get up and would trust to Providence.

Cross-Examined.—I was there most of that day, and found her during the day about the same she was in the morning. I was there when she died. She was in the same position, breathing harder of course. Her breathing was long and heavy not rapid gasping. Frequent intervals of a moment or so in her breathing. I didn't observe any convulsions. No distortion of the features or face. Her tongue and mouth were a little twisted on one side, the left, the side she was lying on. Her tongue protruded the least bit. There was no contraction or rigidity of the hands and feet. Did not observe any unusual odor, nothing like bitter almonds or peach leaves. I was near enough to have heard her breathe. There was no foaming about the mouth, but a little saliva escaping from it, during the day. I saw her feet. There was no contraction or rigidity. Her eyes were closed from the time I went in. I was about her when she was laid out. I did not notice any spasmodic contraction about the mouth. Dr. S. was there, asked me to get mustard for a plaster, and he spread it and applied it. He was there quite frequently during the day. We had applied a hot brick before he came in the morning. He rubbed her feet with a flesh brush.

In-Chief:—She was lying a little upon her left side, with her face from the wall.

W. H. CORNMAN, *Suorn:*—I boarded at the Mansion House on the 27th of January 1869. On that evening I came from the Lodge and passed from the Bar-room through the sitting-room at twenty minutes past eight in the evening, passed out into the hall, saw Dr. Schoeppe come running down the stairs. I waited at the foot of the stairs until he passed down.

Cross-Examined:—I never took particular notice of his walking. I generally run down the stairs myself.

C. L. LOCHMAN, *Suorn:*—I boarded at the Mansion House at that time. I saw Miss Stennecke, in the morning at breakfast on the 27th of January '69. On the morning of the 28th I was called into her room about 7 o'clock. I found her lying on her left side insensible. Her respiration was slow and laborious. The temperature of her body seemed natural, the skin rather moist. Her limbs were warm but her feet were cold. Her muscles seemed to be very much relaxed. The mouth was partially open, some accu-

mulation of saliva, and rather pendant from its flaccidity to the left, she was reclining very nearly entirely on the left side. Her eyes were closed, I made no Examination of them, the lids being closed. Her pulse seemed natural, a little excited. We looked for articles, bottles or parcels, out of which she might have taken medicine. We found a bottle of sulphuric ether partly filled, on a table near her bed, and a bottle of tooth-wash on the mantle piece, that had the smell of carbolic acid, which is generally used as a disinfectant, closely to creosote. Found also on the mantle a bottle of liquor. That is all we found. Carbolic acid has a strong odor. The bottle was opened, and was handed to me to see what it was. Some thought it had the smell of Laudanum. I told them what it was.

JOHN H. RHEEM, *Sworn*: — At $\frac{1}{2}$ past 8 o'clock, A. M., on the 28th of January, I was sent for; I went to her room, and found her in an insensible condition. I then went for Dr. Schoeppe; went to his office; he was not there; went to his boarding house on South Street; saw his father; told him to tell the doctor Miss Stennecke was sick; heard him call the doctor. I then went back to Miss Stennecke's room. In a few moments Dr. Schoeppe came in, very much excited and almost out of breath. The doctor went up to the bed and made some examination, and said he must go for his stethoscope. I gave directions then to have arrangements made to have Miss Stennecke bled. The doctor came back in a very short time. I don't know how long; made an examination of Miss Stennecke with his stethoscope. He then said: "I *am not* take it on my conscience to bleed. I would like to have Dr. Herman." I went for Dr. Herman and could not find him. I came back and asked Dr. Schoeppe if I had not better go for Dr. Zitzer. He answered and said, "no, Dr. Herman would be mad." I then went again to find Dr. Herman, but did not succeed. Came back into the room; heard Dr. Schoeppe say, "Might she take something?" Saw him examine a tumbler, and say, "that is nothing;" then examine a small phial, and say, "that is for her eyes—that has strychnine in it." I then went again for Dr. Herman, and this time succeeded in finding him. He came up to the room. He and Dr. Schoeppe consulted in German. I don't know what they said. I was there several times during the day. In the evening, about six o'clock, was sent for, and found her dead; Went for Miss Comfort to lay her out, and for Mr. Ewing, the undertaker. Then went

around to Dr. Schoeppe's Office. He said she told him to get a lawyer to look at her papers, if she would die. I then suggested to him to get Mr. Adair, as they were friends. He said, "no, Mr. Adair is out of town;" he said he wanted Mr. Miller. We started out together to go to Mr. Miller's. On the way going I suggested to get Mr. Humrich. He insisted on Mr. Miller. We went to Mr. Miller's house, and made arrangements with him to meet us at 8 o'clock the next morning. I then went back to the hotel with Mr. Ewing, and found the corpse laid out. Mr. Ewing took charge of it. He went and got a towel and laid it over the face, and covered up the body. I locked the trunks put the keys in my pocket, looked the door, and gave the key to Mr. Burkholder. Went back the next morning to the hotel; met Mr. Burkholder coming out of her room, went down into the bar-room, and waited for Dr. Schoeppe. The Doctor came, and I said we had not much time. He and I went together to her room. I knelt on the floor and took out of her trunks all the papers I could find I handed them to Dr. Schoeppe, and he laid them on the table. Among the papers was a large envelope, marked "last Will and Testament of Maria M. Stennecke." About this time Mr. Miller came in. I gave him the will to read. While the will was being read, when Mr. Miller read the bequest to my mother, Dr. Schoeppe said "is that all she leaves you." I answered him and said, "she don't leave me anything, it is my mother she leaves it to." He then said, "that is too bad! too bad!" After the will was read, I asked Mr. Miller, what to do with the papers. He said, "take the Will with you to Baltimore. Seal the others up and put them in the Bank." Dr. Schoeppe put all the papers in a port-folio and we went out together, wrapped them up in a large sheet of paper, went to his office (Schoeppe's) sealed them stamped them with his stamp and deposited them in the Carlsle Deposit Bank. Then went back to the hotel and made arrangements to take the corpse to Baltimore. The Dr. told me he was going along. He did go along to Baltimore, where we arrived in the evening, about six o'clock. He went to the hotel, and I went to the house where the corpse was taken. I went, then, to the Entaw House, the same evening, and found Dr. Schoeppe there. Some time during the evening, I told him that the next morning, about 9 o'clock, I would go to deliver the Will, key, &c., that I had, to the Executor. The next morning, about 9 o'clock I did go to the office of the Executor, and

delivered up the papers, and at 1 o'clock Dr. Schœppe and myself went to the funeral together. I told Dr. Schœppe the Executors requested me to remain until 11 o'clock on Monday and go into the Orphans' Court room. I did not see Mr. Schœppe until dinner time on Monday, about 2 o'clock. Then again in the evening at tea, and he tapped me on the shoulder, and said, "Did Mr. Eichelberger tell you anything?" I answered him, "tell me what?" He said, "did he not tell you that Miss Stennecke left another will?" I said, "another will?" in answer to him. He said, "yes! you get something; I get her personal property; everybody gets something," (throwing up his hands). Miss Stennecke came to Carlisle the last time about the 20th of November last, as near as I can tell. She had been here during the summer before. During the summer she met Dr. Schœppe. The first time she was here she stopped with Mrs. Woods, my aunt, in Pomfret street. Dr. Schœppe's office is a couple of doors from where she lived. He asked me once whether she was not wealthy. I told him she was very well off; I don't recollect anything more.

Cross-Examined: — Was examined before Judge Graham. As near as I recollect, it was the same. Did not then state, "too bad! too bad!" It was a few weeks after the occurrence I was examined. I cannot be positive as to all I said. I do not recollect of having said anything more at that time. I stated in substance that Miss Stennecke desired to have her papers examined, to Mr. Miller. I did not do the talking.

DR. CHARLES M. WORTHINGTON, *Sworn*—I am and have been for some time a Druggist in this borough. Dr. Schœppe, some days before the 19th of January last, bought of me a half ounce of diluted Prussic acid. A short time after that he came to me and told me it was not good, that he had given, 2, 5 and 10 drops to a lady patient, and that it would produce no sleep. He then asked me if we would order him some from the city. I told him we could, if he must have it immediately, that we expected a salesman from the city in a few days, and would order it through him, if he could wait. He said he would wait. Some time during the winter he got muriate of Morphia from me, and also tincture of nux-vomica, and Fowler's solution. He got both this a number of times. I think it was a day or two after he got the Prussic acid that he told me it was not worth anything; before the 19th. Fowler's Solution is a preparation of arsenic and potassia—a poison—the muriate of Morphia is

also a poison. He bought a great many medicines that were not poisonous, at the same time.

Cross-Examined: — Dr. Schœppe was a practicing physician. The poisons that I have mentioned are often sold as medicines, except Prussic acid, and that we sometimes sell as medicine; not very often. I sold these articles to other physicians, except the muriate of morphia. I have sold morphine in other forms. It is very rarely used here, but is not more poisonous. Prussic acid is used as a medicine for nervous diseases. The preparation I sold him was not Scheel's it was called United States. From 3 to 5 drops is what is used in commencing. The Sulphate of Morphia is mostly used here. Fowler's solution is used in intermittent fevers. They commence with from 1 to 5 drops of Prussic acid. It is too uncertain a medicine to estimate. It is proper to give it until you notice its effects. Prussic acid has a bitter almond smell, something similar to the smell of pounded peach leaves. The odor is quite strong. I gave it to him in what I think had been a perfumery bottle with a ground glass stopper. I can't say whether it was labelled; I don't think I would give it out without one. He wanted the bottle I had it in, but I wouldn't give it to him. My impression is it was an ounce bottle about half full. I am not certain, however, it may have been a half ounce or a four ounce bottle. It was not the first acid I had taken out of that bottle. It was a white flint bottle; we kept a blue wrapper around it, and kept it in the dark. I can't say how long I had it on hand before this. I have no more of that acid remaining.

DR. A. J. HERMAN.—(*Affirmed.*)—I am a practicing Physician in this place. I have been engaged in the practice since 1839. On the morning about 11 o'clock, of the day she died on, I received orders to come to Burkholder's to see Miss Stennecke. I went to Burkholders and went up to her room, there I met Dr. Schœppe, he told me he had a case of "half-palsy" and I think he said he wanted to know whether bleeding was called for in her case. She was lying there inclined to her left side. I was standing at the foot of her bed at the time this talk took place. I wanted to be satisfied, her lying on her left side, knowing she was a mushy woman, whether her face was crooked or not. I then told in English what a half-palsy was, that the face would have to be lopsided to have it. A lady present said she always had a crooked face. I then made no other explanation about the "hemi plegia."

I then went up to her bed-side, wanted to feel her pulse. I felt both arms and found no pulsation in either, then drew the eyelids apart, to see if there was any difference in her eyes. I found them both alike, a contracted state of the pupils. That amounted to about all I did. The Doctor told me he had applied warm applications to the feet. I told the Doctor then I thought she was past bleeding and there was no use to do any thing else that she was past taking remedies. I did not look upon it as hemi-plegia at all. I was puzzled to know what was wrong. I had never seen hemi-plegia in that condition before. The singular expression was the matter that troubled me. When I opened the eyes it just put me in mind of a chicken hawk that was poisoned with a compound poison. That made me think she was rather over-dosed with medicine of the same kind. This hawk was so much relaxed with taking these drugs that the tongue would fall to either side the head was leaned to and the contracted pupil. Her physiognomy showed about the same appearance. The drugs administered to the hawk were opium pills and Prussic acid — opium pills or laudanum mixed with bread crumbs; and gave it corrosive sublimate too. The hawk lived two or three days. The symptoms indicated no natural disease. I never saw a form of sickness like it before. I could not tell the cause of her death. It was a singular form of sickness that I could not account for at all. Morphine is the active principle of opium. Dunglison says that Prussic acid has a contractive effect upon the pupil of the eye. Dunglison on Poisons cases.

Cross-Examined:—The singularity of the case was, she laid there in a weak, relaxed condition, as a person feels after taking a prostrating dose of Tartar-emetic. I think I have stated all the particulars I recollect of. I saw the eyes very plainly. They were contracted in the same condition as they would be if poisoned by an overdose of opium or morphia. In many cases of death, you often find the one eye dilated, the other contracted. I can't call to my memory at present. In all affections that come from the brain the eye would be dilated. In apoplexy I have invariably found the pupil dilated. I never saw a case in the human subject that I knew to be a case of Prussic acid. I don't pretend to say that Prussic acid has the same effect on hawks and other animals, that it has on the human system. All experiments are made on inferior animals. I don't know that it is laid down in the books that experiments made on fowls are no criterion for the

human system. I never saw Mitchell's work on experiments with opium on pigeons. I never saw a hawk poisoned with a simple poison. One poison is frequently used as antidote to another poison in the human system—this is laid down in all the books. Atropia is an antidote to Prussic acid. A good many years ago the experiment was made on the hawk—it was between 1837 and 1842. One drop of the prussic acid, a pinch of corrosive sublimate—a couple of grains—and as much laudanum as would stay in a piece of bread was the mixture—doses of this were given at intervals of three and four hours until the hawk died. If my memory serves me right atropia is the antidote to prussic acid. I will show the authority for this. Dr. Schoeppe, Mrs. Schindel, and Mrs. Parker, were in the room when I examined the eye—there was also another lady present. I don't remember any other lady, there may have been another. It was the lady I didn't know the name of who said she always had a crooked face. She spoke this out while I was at the foot of the bed. I passed no opinion. I merely expressed in English what the doctor told me. If I said it was half-palsy they must have misunderstood me as to what I explained to them the doctor told me. I couldn't say what I didn't think. They were sitting in a row back of me. She might have stood back of me or at my side which I didn't notice. I did not reply to Mrs. Harn it is a stroke. I did not say, although it was so put down, that I was satisfied it was produced by narcotics—not at least in that way—all I meant was it was not any one narcotic. I don't recollect that I said that. She was in *articulo mortis* and there was no use to apply remedies. I did not think nor did he that she would live till we went out and came back again. I have used Prussic acid I would have given her combined antidotes if I had given her anything. I would have given iron to turn it into Prussian blue. I would have used electricity to stir her up. But she was too old a subject and too far gone to use anything. Could have used stomach pump but it would have killed her, she was so far gone, he thought so too, we coincided. He told me he had done all that could be done. I noticed no peculiar odor.

In-Chief:—The eyeball had a kind of conical appearance—more elongated—that was the singular appearance of the eye. After we left the house, the doctor and I, we walked out towards my house. I told him that folks told me before I came to the house, that she had too much morphia, and was dying in consequence of it. He told

me he had not given her any, if she had any she must have got it somewhere else. It seemed to effect him very much when I told him that. He seemed to be kind of scared, and said if she had taken any morphia it might be found in her. I said I guess not, that I thought it would be all lost in the system before it could be found. Yes says he by *Post-mortem* examination there have already been found as high as three grains in the brain. He seemed to be scared and I pitied him really, and said it was given for her benefit. These *Post-mortem* examinations I said would be left to Physicians and they wouldn't be over anxious to make the examination too soon and the contents would be left lie around until they would be accidentally lost. That no person who had corns was apt to tread on other fellows' corns. That any accident that way would be overlooked, and I thought it consoled him very much, that it met with his approbation. At the time that he heard they were making a *Post-mortem* examination in Baltimore, he met me in front of the Court House, then spoke about this examination—the *Post-mortem*—asked me whether I had a work on medical jurisprudence, I told him that I had, but there were a lot of books taken from my office, and I couldn't lay my hands on them at present. I told him Shearer's office was handy, he could get one from him. We went in and got one. I then left Mr. Shearer's office, and he had the book. The Doctor said if they don't find anything in the subject what can they do?

A. B. EWING, *sworn*—I had a conversation with Dr. Schoeppe the Sunday a week after Miss Stennecke's death; in front of the door of Mrs. Colwell, up Main Street, is where he met me and said he wanted to see me.

He asked me if I had heard anything more of the gossip of the town. I said I had. He asked me what I had heard, and I told him to save trouble he had better go to Baltimore and have the body raised at his own expense. He said that would cost one hundred dollars, and he hadn't the money. I told him he had better borrow the money, that if he did not go to Baltimore and have that body raised it would be raised next Tuesday. He said he had not the money and there was no use for him to go, because the medicine she had taken would have evaporated before this time. These are the words he used as near as I can tell. I told him in justice to the community in which he lived he had better go.

He said he had no money and could not go. There we parted.

Cross-Examined:—The medicine she had taken would have evaporated before this time, are the words he used. Did not speak of the kind of medicines taken by her. He did not say he had given her any medicines.

J. P. HASSLER, *sworn*—Check dated 27th of January, 1869, offered, and identified as having been drawn by witness on morning of January 27th, 1869, for Miss Stennecke, at her request, in the Carlisle Deposit Bank. She signed the check at the counter, and I paid her the money. So far as I can remember, it was in the forepart of the day, after the opening of the Bank. We open the Bank at 9 o'clock in the morning. I am, and was at that time Cashier of the Carlisle Deposit Bank.

Dr. J. S. CONRAD, (of Baltimore,) *sworn*—I am the Resident Physician of the Baltimore Infirmary; have been for a little more than a year. Have been engaged in the practice of medicine since 1862. We treat about two hundred new cases per month. I performed the *Post-mortem* examination in the case of Miss Stennecke. The appearance of the face was discolored, most nearly resembling a saffron color. The shoulders were rather livid. The other parts of the body had a few greenish spots, or discolorations upon them; the finger nails were of a livid color; the hair obscured the scalp so that its color could not well be seen. The jaws were nearly closed, the teeth quite approximating, the number absent not being observed. An incision was made across the scalp, extending from ear to ear, down upon the bone. This incision bled freely a dark fluid blood. The scalp then was drawn forward and backward from the line of incision, and secured in their places to permit of the removal of the superior portion of the skull itself by a saw. This was removed from some attachments with difficulty, from some portions easily. This portion of the skull was removed whole, by a kind of chisel for the purpose. The dura-mater was removed with that portion of the bone. The membranes of the brain were then cut to permit its removal. The vessels of the pia-mater which cross the brain immediately were gorged with blood, but were not distended, were not turgid, were flaccid. The blood was dark and fluid. The brain was then removed by cutting the membranes which held it, together with the cerebellum. The brain itself was not disturbed in the re-

moval. But the fourth ventricle was torn through by its softening before the cord was cut which attached it to the spinal column. The hemispheres of the brain were removed by parallel incisions, as far as the *corpus callosum*; this *corpus callosum* was cut through by an anterior-posterior incision, and removed. This exposing the lateral ventricles, these contained fluid, but no appearance of blood or clots. The brain was then incised perpendicularly, that is, I cut down from the plate on which it rested. The *corpus striatum* was previously cut. Again the brain was cut perpendicularly, throughout almost its entire extent. The chest was next examined by a longitudinal incision, extending from the neck nearly to the umbilicus, and a similar incision along the line of the clavicle, intersecting the longitudinal one. The soft parts were dissected back. These incisions scarcely bled at all. The chest was then opened by cutting through the cartilages of the breast-bone. The pericardium was next opened, exposing the heart. The pericardium did not contain more than its normal amount of fluid, and appeared healthy. The heart was then removed; the parts of the aorta. An incision was made in the heart—before incision into the inferior portion, the blood in the heart was fluid; an incision was made into the heart at the apex of the left ventricle, and water was poured into the aorta from a phial as a test for the healthy condition of the valves, which proved to be healthy, and did not prevent the water passing through. The ventricle itself was then laid open, which permitted me to examine the valves by the touch, for the presence of any calcification or nodes upon it, none of which were present. The right ventricle was simply laid open and examined, and was healthy. The lungs was next extracted. There were no pleural adhesions. Sections of the lungs were thrown into a bucket of water, and floated, showing no consolidation. A small fragment of calcification was found, about the size of a pea. The abdomen was next opened by a longitudinal incision its entire length, and its contents examined by inspection, first before any incisions were made into its viscera; the intestines were distended by air, and were rather pale—they appeared healthy on sight. There was not as much odor from the body as might have been expected at that date, although there was considerable. The stomach was next removed by two ligatures first passed around its two openings and secured. It

was removed by careful dissection to avoid any incision into it, and none was made, as it presented the same distention as it did when the abdomen was first opened. It was placed in a tin bucket, brought for the purpose by Prof. Aiken. The liver was next examined by its external appearance alone. This appeared healthy—not enlarged or unnaturally small. The spleen was examined in the same way, with the same result. The section of intestines (the ilium,) about 18 inches in length, was removed by two ligatures at each end of this length, secured before the removal of that section. It also preserved its distention by air, which proved that it had not been cut before being removed. It was placed in a glass jar provided for the purpose by Prof. Aiken. Another section of the same intestine was removed in the same manner. This section was removed lower down, near its junction with the colon. This was disposed of in the same manner as the previous one. All of these parts were taken possession of by Prof. Aiken, and carried in a basket, provided for the purpose, to the Baltimore Infirmary, and on a clean plate the stomach, and I think also the intestine, was laid open (not positive which, stomach or intestine.) There were no unnatural odors discovered. This closed the examination. Dr. Ridgely assisted in making the examination.

Cross Examined:—Discovered no unusual odor while making examination. — Did not discover anything like odors of bitter almond or peach leaves. Was a large amount of blood in the cranium, cannot say how it came. Could not have been by hemorrhage because there was no clot, examined minutely and if there was hemorrhages did not detect it. I could have told whether blood was effused between or upon the membrane, in the ventricles or in the substance of the brain, preceding death. Made an examination with that view—Examined by observation. If there had been a clot it would not have stuck there. I saw it as clearly as my hand.—I found dark, fluid blood post mortem, no clot ante-mortem. I did not discover any evidence of ante mortem blood. There was no effusion between the dura-mater and the skull. No effusion between the pia-mater and the brain. If the patient had died of apoplexy there might have been an effusion. Found no blood coagulum in the substance of the brain. Did not examine for special hemorrhage. No ante-mortem small blood spots found in the brain. Did not look for cavities in the brain, my incisions would have revealed them. Hæmatin would have

been left which is positive evidence of apoplexy. Ante-mortem blood, if effused would have been clotted and if absorbed would have remained in the shape of discoloration. Made no examination of the kidneys. Deemed it unnecessary. As I cut through smaller vessels of the brain oozed dark fluid blood at small points.

To the question "in what order are the organs of the brain affected by apoplexy," witness answers as follows:

1, Corpus striatum, thalamus, and hemisphere above them; 2, corpus striatum alone; 3, hemisphere above the centrum ovale; 4, thalamus alone; 5, lateral lobes of cerebellum; 6, mesocephalon; 7, posterior lobe of cerebri; 8, before the corpus striatum; 9, pons Varolii. 10, middle lobe of cerebellum; 11, meninges; 12, peduncles and olivary body.

Dr. A. J. HERMAN, (recalled to finish Cross Examination): — I met the folks who told me, I think Mr. Burkholder one and Mrs. Parker another and several others as I passed through the entry. I don't remember who the others were. I didn't tell Schoeppé she had taken morphia. I thought he knew that himself. I thought she had been taking it. If it uttered my lips that she didn't take morphia, I didn't mean it. I don't believe I did say from the appearance of her eyes she had not taken morphia. If I did say it, I said it unthinkingly. I was not asked any portion of my conversation with Dr. Schoeppé. I don't think I detailed any of it in my former examination. I understood him medical juris prudence. I didn't give any thing definite. I don't think I could have said that. My feeling towards Dr. Schoeppé have not been at all of a bad kind. I have no feeling against him at all. I have said nothing to any one meaningly against him. If any one said anything against him, I may have assented, but not with the intention of injuring him.

Re-in Chief:—The appearance of her eye indicated hydrocyanic acid, according to Dunglison, I found the books the gentlemen asked for and find them just as I stated.

Dr. NICHOLAS G. RIDGELY, (*Sworn*):— I am a practicing physician in the city of Baltimore. I assisted in the *Post mortem* Examination of the body of Miss Stennecke. I knew her very well in life. It was her body upon which the *Post mortem* examination was performed. I acted merely as an assistant. And the only evidence that I can give is that I found no organic pathological lesions of any kind. No cause for any disease.

Cross Examined:—There were slight in-

gorgements of the pia-mater, not of the brain itself. Made examination for hemorrhages of the spine. Merely a cursory examination of the kidneys, but not a thorough one. The whole brain was examined. It was divided in the middle and cut into small pieces so that we could see every part. A part of the brain was softened but I cannot say what part. I can't say there was any effusion of blood in the brain. No appreciable serum. I discovered no cause of death of any kind. I am a distant relative of Miss Stennecke. She was not in a habit of complaining as I remember. I don't remember my first examination. She was in the habit of what I considered grunting, not what I consider complaining. I did not discover any unusual odor, such as bitter almonds, &c., in the examination. Grunting as I understand it is complaining without a cause. Complaining is with a cause.

Re-in-Chief:—This examination was held on Ash-Wednesday in February, 10 or 11 days after her burial, I think. She was buried on Saturday. At that time I didn't think there was anything the matter with her, and the Doctor agreed with me.

Dr. WILLIAM P. A. AIKEN, (*Sworn*):—My occupation is that of an analytical and consulting chemist. I have been a teacher of chemistry for 38 or 39 years; since 1837, I have been Professor of Chemistry and Pharmacy in the University of Maryland. I was requested by Mr. Stewart to have the examination of the body of Maria M. Stennecke made. Selected Dr. Conrad to make the post mortem examination. Was present at the disinterment and at the subsequent examination. I was present at the examination. I requested Dr. Conrad to remove the parts which I was subsequently to examine. We applied ligatures to each orifice of the stomach and removed it unopened entirely. I placed that in a clean vessel provided for the purpose. He then applied ligatures to two different points of the intestine and removed the piece between the ligatures, unopened. That was placed in a separate vessel. When the Dr. had finished his dissections we returned to the city. On the way to my Laboratory I stopped at the Infirmary. The Dr. was there. I took the vessels to his room. Secured some clean plates, took the stomach and intestine on plates and requested the Dr. to lay them open. We found both empty, nothing but a little film of adhesive mucus secretion on the inside, it was a little moist. I then took them to my Laboratory for Chemical examination. The

parts appeared to be sound and healthy. No indication of disease, no evidence of inflammatory action of any kind. The absence of any acid poison is a point of importance in my mind—no irritation. I took the material before me, the coats of the stomach, the intestine—there being no appreciable difference between them. I cut both in small pieces and mingled them together. The mingled mass I divided into 2 parts. I used the first for ascertaining whether there was any hydrocyanic acid, and as the result of that examination satisfied myself that there were traces of Prussic acid.

Cross Examined:—I found Prussic acid just as one finds anything. I found nothing more than a perceptible trace, a trace distinct but slight.

My first work was to introduce the pieces I had to examine—about $\frac{1}{2}$ of the whole mass into a glass vessel called a retort for the purposes of distillation. —I then added a proper quantity of water and a small quantity of sulphuric acid. I then applied heat. I had previously prepared a condensing apparatus so that any steam should be condensed in my apparatus in the shape of liquid. After I had collected some few ounces of that liquid representing I suppose about $\frac{1}{4}$ of the bulk of the contents of the contents of the retort. I then knew I must have in the distillate any Prussic acid if any had been present. I then proceeded to examine that liquid to ascertain whether it contained any Prussic acid. There are two modes of enquiry—to examine for the liquid and to examine for the vapor of Prussic acid. Either I would consider reliable—the vapor process the most reliable of the two. Taking both together I cannot conceive the possibility of a doubt existing. The liquid test was with solution of Potash and a solution of sulphate of Iron (green vitriol) and afterwards a few drops of muriatic acid. Those materials added to anything containing Prussic acid will give inevitable Prussian blue as a product. If the liquid examined is limpid and colorless as in this case then a very slight shade of color will become perceptible. If the liquid you are examining is itself colored that may be confounded with any color you produce and is therefore unreliable—in this case the liquid was colorless. The color I obtained was what I thought ought to be produced by Prussic acid—blue—such as to satisfy me of the presence of Prussic acid. That color is what I designated as a faint trace. It was a blue color, a faint trace of blue, not of red, or any other color, but unequivocally blue, very little co-

loring matter. No great depth of color for the want of sufficient quantity of coloring matter. The moment I distinguished the color I set it aside.—All I did was to satisfy myself that a blue color resulted and that satisfied me that Prussic acid was there. Another portion of the same liquid for the purpose of satisfying myself whether I could detect Prussic acid in vapor. For that purpose I placed a portion of this distillate in an evaporating dish. I placed over it another evaporating dish as a cover. This dish of course was upside down. On the inside of the cover I placed a few drops of a sulphur compound, (sulphide of ammonium, hydro sulphate of ammonia). Its value there was because it contained sulphur and ammonia in the condition I desired. I then applied heat to the vessel which contained the distillate. I was thus certain to convert into vapor any Prussic acid which might be present. That vapor, if it were formed would necessarily come in contact with the sulphur compound which I had placed inside of the upper vessel or cover. As the necessary result of such a contact there would be a certain chemical change produced, and that result would be the production of a compound called sulpho-cyanide of ammonium. My next business was to determine whether any sulpho-cyanide of ammonium had been found. I removed the cover, added a few drops of distilled water to dissolve any new compound which might have been made by the action of the Prussic acid vapor on the sulphur compound in the evaporating dish. The solution which I got by the action of the distilled water on the sulphide of ammonium which I placed in the upper dish; that solution must contain sulpho cyanide of ammonium if any Prussic acid had been contained in the lower vessel. To determine that point I added the iron solution and obtained a red color; a few drops of the iron—(sesqui-chloride of iron). The result of that addition was the production of a red color—a faint red color—all these colors were faint. That red color again confirmed the conclusion from the production of the blue color. The red must have been produced as a consequence of the Prussic acid in the liquid to which I applied the heat. The other portion I used for the purpose of examining for the vegetable alkalis and mineral poisons. The results were negative. I found no traces, no other traces. I looked for all the mineral poisons such as preparations of arsenic, lead, mercury, antimony, and vegetable poisons. I more particularly looked for morphia and strychnia, and would

have found any others were they present. I didn't find any vegetable alkalis or mineral poisons. I never before examined a subject in a criminal case for the presence of Prussic acid, never for the presence of Prussic acid in a human stomach.

In Chief.—I observed no odor until I obtained the distillate. The distillate had a faint odor that reminded me of Prussic acid, but too faint to be of any importance by itself, only important in connection with the two colored tests, the blue and red colors. It reminded me of bruised peach leaves. It is my duty as Professor of Chemistry to explain to the medical class the best methods of detecting all known poisons. That explanation comes every year to each medical class. I have actual experiments, and tests. I have made these tests for discovering the presence of Prussic acid regularly since 1837. Prussic acid is very volatile in its nature, the proper term is unstable. My position as a chemist enables me to tell the properties of different poisons and the quantity of each it takes to destroy human life.

From what is known of the nature of Prussic acid, its unstable character, the presence of Prussic acid in the liquid, I examined makes is perfectly certain to my mind, as a matter of opinion, that a much larger quantity must have been present in that stomach 10 or 12 days before. What I found was the mere residue of the original amount. As to the actual quantity by weight or measure, present at any time, either at the time I examined or any period before there are no data for determining. My position as a chemist requires me to become acquainted with the action of all the poisons on the human body. Morphia is a very active vegetable alkali. A valuable medicine in small doses and poisonous in large doses. The length of time at which it would be found after death would depend upon the quantity in the body at the time of death. When present in very small quantities at the time of examination it is somewhat difficult to detect. As a general rule the vegetable poisons are less permanent than mineral poisons. If present in the dead body would disappear sooner. As to the time a sufficient quantity of morphia to kill would disappear after death, I can only give an opinion, I have no personal knowledge—the opinion is necessarily a vague one.

Prof. Aiken on Stand.—The offer made by Commonwealth on last evening to give opinion of witness in reference to effect of Morphia, overruled.

By Commonwealth.—Can you state how

short a period after death, caused by morphia, the presence of it has failed to be discovered. Objected to by Defence. On the ground that he is not a Physician but a mere chemist and that he has already stated that his opinion in reference to effects of morphia are vague.

Prof. Aiken.—I am a physician. I formerly practiced medicine, but do not practice now.

By Com..—Are there any other than the tests applied by you to detect Prussic acid? There is a test for Prussic acid called Nitrate of Silver test. I consider it valuable to detect Prussic acid in the state of vapor. I think it objectionable because the result it produces is a white Cyanide of Silver and therefore may be confounded with the white Chloride of Silver, which would be produced if there was Muriatic acid present. The white Cyanide of Silver and the white Chloride of Silver when present in small quantities cannot be distinguished by the eye. They can be distinguished by chemical tests. If the Cyanide of Silver is in sufficient quantity, it can be collected and dried, introduced into a glass tube and heated. It will give off Cyanogen gas, which is recognized by its being combustible and by its peculiar rose-colored flame. If the Cyanide of Silver is in sufficient quantity it may be treated with muriatic acid, when it will give off Prussic acid. Then the only mode of verifying that would be to use the Sulphur test or the Iron test. The white Chloride of Silver could give you no such results as those obtained from the Cyanide of Silver. The use of Nitrate of Silver can only produce a Cyanide which must afterwards be verified by the Sulphur and the Iron tests. For very minute quantities of Prussic acid the Nitrate of Silver test is objectionable and unsatisfactory because one may not get enough Cyanide of Silver, to be able to distinguish readily between the Cyanide and Chloride. The apparent production of Cyanide of Silver in the use of that test, the Nitrate of Silver test, can furnish no conclusive proof until by subsequent chemical examination the apparent Cyanide is proved to be a real Cyanide. Therefore when I have to examine for very minute quantities of Prussic acid, I rely upon the Iron test and the Sulphur test. The Sulphur test has the recommendation that it is infallible in detecting the vapor of Prussic acid. The product of the Sulphur test gives a red color, with a Sesqui Salt of Iron—which produced under those circumstances cannot be confounded with any other known red compound of Iron. The Sulphur

and the iron test will therefore give results apparent to the eye when dealing with quantities of matter too small to be manageable in the ordinary way. I may sum up them by saying, that instead of using Nitrate of Silver to show the presence of Prussic acid by producing a compound from which I afterwards would be obliged to separate that Prussic acid before I could be sure of its presence, I preferred the more direct mode of proceeding to procure from any Prussic acid present certain colored products recognizable by their color and not to be mistaken for any thing else if the ordinary precautions were observed. The only uncertainty will arise from a doubt as to the color. The depth of color, the intensity of color will depend on the quantity of coloring matter or colored particles present, and, therefore, the depth of the color will bear a very close relation to the quantity of Prussic acid found in the substance, a faint blue color is as equally conclusive as a deep blue in the one case, and a faint red is as equally conclusive as a deep red in the other. The only difference is that with the faint color there has been less, and with the deep color more Prussic acid present. In the use of the Sulphur and the Iron tests the only essential in the products is that the color shall be sufficient to be distinct. If the one is blue and the other red I would consider the conclusion irrisistible. These constitute my reasons for using these two tests and for not using the Nitrate of Silver. From what I saw of the post mortem examination standing by there was nothing apparent in the condition of the organs to account for her death (The last answer was objected to on the ground that the witness had stated he was not a *medical* expert.

Re-Cross Examined; — I am unable to say from having read Taylor very lately what tests he has laid down to discover Prussic acid. I presume you will find there the iron, sulphur and nitrate tests. He is considered good authority. I did not give any reasons in Baltimore why I did not use the silver test. I did not think I had a sufficient quantity of material to use all three tests. I had the whole stomach and piece of intestine both empty. The results which I obtained were so conclusive by the first two tests that I did not use the silver test. This was one reason; the other was, I was satisfied that the quantity of Prussic acid present was so small that it would not yield enough Cyanide of Silver to enable me to identify it. I used all the stomach and intestine in all my experiments. I commenced my experiments the day I procured the stomach. As well as I

now recollect, the Prussic acid investigation was finished the next day: it might have been the subsequent one. I kept the material during that time in my laboratory. My laboratory is in the Medical College building, Green street, Baltimore. I reside on Hamilton street, between $\frac{1}{4}$ and $\frac{1}{2}$ a mile from the College. The Janitor alone can enter my laboratory in my absence. So far as I know Students are never admitted in my absence. The Janitor's orders are to admit *no* one in my absence. This examination was made in the session room but not in the presence of the students laboratory and lecture room are one and the same; I have a side room in which I place anything I wish to preserve. Students are never in the room when I go there. I always go there first, by several hours; I cannot sit in the side room; there is no fire there. I use it simply as a depository; I performed the iron test first. It is difficult to say how long I was at it. All the work that went before was a necessary preparation for it I might have said that this test was inconclusive; that I would not have relied on that alone. I commenced the test when I commenced to cut up the stomach. Whether it was 36 or 56 hours I cannot say; whether the day after or the day subsequent I cannot say. My impression is I finished the next day. I commenced preparing for both tests at the same time. The distillate was prepared for both tests. I passed from the iron to the sulphur test. I completed both tests together; I used the balance of the week in the other tests, waiting for the different processes to go on; not actively engaged all the time. These tests were for vegetable and mineral substances. Do not find in using tests what is not looked for; as a general rule find only the specific substance sought for. The small quantity I found remaining so long was to me physical proof. I did not propose that question; I am sure I never could have been guilty of using language so vague as that. There was nothing in my experiment to show when the material I found had been put there.

Ques. Was there anything by which you could determine that there ever had been more than what you found?

Ans. There was no physical proof that any more had been present. There was nothing in itself to show the quantity that had been put there at a former time. The trace, I said in Baltimore, might indicate a larger but unknown quantity. Have no particular recollection of using the word "uncertain." I said I deduced my conclusions from known facts, which may or

may not be correct. I am not infallible. Have not seen the depositions since I came here. If the quantity I found there had been placed there the day or the hour before, my conclusions would then not be infallible, if otherwise they would be positive. I had no data by which I could estimate the quantity in weight or measure that had been placed there; or that might have existed at a prior period. The quantity is determined by grains weighed or drops measured. It is "unknown" what quantity existed in the stomach at a former time. Prussic acid disappears most rapidly in contact with decaying animal matter, during life by absorption. Prussic Acid is water containing a certain definite amount of hydrocyanic or prussic acid gas in solution. I have no personal knowledge as to how long morphia has been found after death. I am uncertain as to what the books state; I have not a sufficient recollection of what the books state; I have not a sufficient recollection of what they state as to the time it may be found after death. I have only a vague recollection of the longest time they state. It is difficult to institute a comparison between the stability of hydrocyanic acid and morphia; morphia is much more permanent than Prussic acid if both are in phials.

I received a note from Mr. Stewart, of Baltimore, requesting me to undertake the analyzation. I felt incompetent to make the post-mortem examination, and called upon Dr. Conrad, requesting him to do the work. I expected a professional fee for professional services; it was not a contingent fee. I received the fee I always charge for examining the stomach of a dead person, \$250; I received it from Mr. Stewart; or I should say out of the estate, I received it from Mr. Stewart's hands. I think I heard of those two substances, Prussic acid and morphia; nobody asked me specially to look for them; had no conversation with anybody. My attention was directed by myself to those two substances. I do not know whether I got the impression that those two substances might be found from reading the papers, or from conversation. The understanding was that I was to search for anything and everything. Mr. Stewart wrote me a note; I made the examination by myself.

In Chief:—In the human body morphia would be adsorbed much more rapidly than hydrocyanic acid, during life. When I have work of this kind going on, I have a private lock which the Janitor cannot open. I use

that so that no one can have access to any subject matter I have in course of experiment.

Cross-Examined—I have no evidence, save what the books say that morphia would be absorbed more rapidly in a living body than hydrocyanic acid. I presume you would find it in Taylor. I cannot tell from what particular book I got my knowledge.

Dr. J. S. CONRAD, *recalled*—I have performed a great many post-mortem examinations; do not know how many; performed them for 3 years, during the war frequently, and since the war almost daily for two months at the Alms House, and performed them during the last ten months preceding this examination. I perform them weekly at the Infirmary; I have performed a hundred during my life; I found no lesions of any kind indicating any form of disease of which she could have died.

Cross-Examined—Never made any examination of any subject supposed to have died from Prussic acid. Never examined a body before that had been buried ten days. The majority of my examinations were made from 24 to 48 hours, perhaps three days after death. I did not examine the kidneys, I thought it was not necessary.

Dr. S. B. KIEFFER, *affirmed*—am a practicing physician; have been for 19 years; I have heard the testimony of witnesses in the case, of Dr. Herman, Dr. Conrad and other witnesses. (Subsequent questions objected to and ruled out.)

LEWIS A. SMITH, *recalled*—Am acquainted with the signature of Dr. Schoeppe; I have seen the Doctor writing his name; (paper shown to witness.) From my knowledge of his handwriting I believe this to be his signature. (Check shown to witness.) This check was presented on the morning of the 29th of January, about 10 o'clock by Dr. Schoeppe. He laid the check on the counter near my desk. I took it and looked at the Doctor, I said Doctor I don't think Miss Stennecke signed this check, or I may have said, did she sign this check? He looked rather confused at the time, and remarked, surely she signed it just before her death! I paid the money, \$50. I am familiar with Miss Stennecke's signature. I have seen her write her name quite often; I do not consider this Miss Stennecke's signature.

Cross-Examined—Paid the money and charged to Miss Stennecke's account; It remains charged there; I remember it was the morning Miss Stennecke's body was taken to Baltimore and the Doctor was going with it.

JOHN H. KELSO, Jr., *sworn*—I knew Miss Stennecke for twenty years; was acquainted with her handwriting; I have never seen her sign her name in that manner, so large and so heavy; I should believe it is not her signature.

Cross-Examined—most of the signatures I have seen the whole could be written in the space occupied by her last name. No. 1. I cannot say whether it is her signature or not. No. 2, I believe it to be her handwriting. No. 3, resembles it somewhat. I cannot say. No. 4, resembles her handwriting very much. No. 5, witness doubts very much. No. 6, would not express an opinion. I am interested in her estate in no way except as an executor. Mr. Stewart and I are her executors.

WILLIAM A. STEWART, Esq., *sworn*—I knew Miss Stennecke very well in her lifetime; was her attorney for a few years before her death. I have seen her write frequently; have corresponded with her while she was in Carlisle. (Check marked J. H. G., No. 5, handed witness.) It is not Miss Stennecke's signature in my opinion. This paper endorsed the Last Will and Testament of Maria M. Stennecke, marked, exhibited, proved and filed the first day of February, A. D., 1869," recorded same day. February 1st, 1869, John H. Rheem, of Carlisle, swears this Will was found in Miss Stennecke's trunk, and knows of no other Will. These two letters handed me were not handed me by Mr. Rheem, but were obtained by me in conjunction with Mr. Newsham, at the Carlisle Deposit Bank, on 5th of February, 1868. Letters spoken of by witness, marked J. H. G., Nos. 6 and 7.

Cross-Examined—No. 2, witness says he believes to be Miss Stennecke's writing; No. 4 is somewhat like her writing; I would not be positive. No. 5 I do not think is her writing. No. 6 resembles it, but I do not think it is hers. No. 1 I do not think hers, although it bears a striking resemblance. No. 3. I think is hers. I believe the body of No. 7 to be in Miss Stennecke's hand writing. It was found in the same portfolio which I obtained from the Carlisle Deposit Bank, with Mr. Newsham. This paper is dated January 14th, 1869.

W. R. BULLOCK, *sworn*—I am a clerk in the Register of Wills' Office, in the city of Baltimore. The paper in my hand was produced in Court, and has been on file there: I don't know who produced it. Paper dated 1869, endorsed Maria M. Stennecke's Last Will and Testament, iden-

tified by witness; Filed 1st February, 1869, never has been proven. The paper was filed in the Register of Wills' Office in Baltimore city. I am clerk, and, in the absence of the Register, am his deputy.

WM. A. STEWART, *recalled*—Paper spoken of by last witness shown Mr. Stewart. Shown to me after the Will which had been read to me had been approved by the Orphans' Court; I went into the Orphans' Court upon a notice served upon me by the Bailiff of that Court, and met Mr. Webster and Dr. Schoeppe there, on the 1st of February, about 12 o'clock; Judge Daniels told me a new Will was introduced by Mr. Webster and Dr. Schoeppe. I read it in the presence of those gentlemen, and then returned it to the Orphan's Court. I turned around to Dr. Schoeppe, and remarked to him and the Court that it was a very singular Will. The value of Miss Stennecke's property, I think, was in the neighborhood of \$45,000.

Paper purporting to be the Last Will and Testament of Maria M. Stennecke, dated 3d of December, 1868, to be followed by proof that it is a forgery, offered in evidence. Paper read to jury, of which the following is a copy:

I, MARIA M. STENNECKE, of the city of Baltimore, State of Maryland, being of sound mind, memory and understanding, do make and publish this my last will and testament, hereby revoking and making void all former wills by me at any time heretofore made.

As to such estate as it has pleased God to intrust me with, I dispose of the same as follows: viz:

I give and bequeath to Paul F. Schoeppe, M. D., to his own use and benefit absolutely, my whole estate and property, what soever and wheresoever, of what nature, kind and quality soever the same may be.

Mr. W. A. Stewart, Attorney at Law in Baltimore, State of Maryland, will give nearer information over my estate and property.

And I do hereby constitute and appoint the said Paul F. Schoeppe, M. D., sole executor of this my last will and testament.

In witness whereof, I Maria M. Stennecke, the Testatrix have to this my will written on one sheet of paper, set my hand and seal, this the third day of December, A. D. one thousand eight hundred and sixty eight. Signed, sealed, published and declared by the above-named Maria M. Stennecke, as and for her last will and testament, in the presence of us and who have hereunto subscribed our names at her request as wit-

nesses thereto in the presence of the said estatrix and of each other.

M. M. STENNECKE.

[my seal.]

DR. SCHOEPPE.

F. SCHOEPPE.

LOUIS A. SMITH, *recalled*:—Commonwealth by this witness proposed to prove that the signature to the will is a forgery; to which the defendant's counsel objected; and in addition to this offer, offer to prove that the defendant at that time was desirous to have money, and was in needy circumstances. Also objected to by defendant's counsel.

JOHN D. ADAIR, Esq., *sworn*. — I am an attorney at this Bar. I know Dr. Schoeppe, his handwriting, I should say this paper was written by him [paper of 3d December, 1868.]

The Doctor came into my office either the day after Thanksgiving or the day after Christmas, and asked me if I had the form of a will? I took "Dunlap's Book of Forms," and showed it to him, and gave him the form of a will. He asked me for a half sheet of paper, and I gave it to him. He then took his lead pencil and copied the entire form of the will from the book. After he had finished, here marked voluntarily that he wanted it for an old man in his father's congregation. I asked him if there was any real estate to be devised? He said, yes. I told him he should be very careful in writing the will, and referred him to several clauses for devising real estate on the opposite page; telling him at the same time that he had better get some attorney who understood drawing a will. This was all the conversation that occurred at that time, and the Doctor left the office. The form is on page 878 of Dunlap's Forms, in Book shown to witness. Dunlap's Book of Forms offered in evidence. Objected to, and objection included in last exception.

From the book read to Jury by Commonwealth.

JOHN R. KELSO, *sworn*—I was intimately acquainted with Maria M. Stennecke during her lifetime. I knew her between 45 and 50 years. I never knew her as a child. She was over 20 years old when I first knew her.

Cross Examined:—She was a well set woman; rather robust in her appearance; not very tall.

Commonwealth offers letter of Dr. Schoeppe to Miss Stennecke, asking for money. Letter dated November 1, 1868. Objected to by defendant as par last objection. Ex-

ception noted. Letter read by Commonwealth.

The following is a copy of the letter read in evidence;

Miss MARIA STENNECKE }
Baltimore. }

Carlisle, the 7th of November 1868.

Dear Miss STENNECKE,

As I have been rather busy in the last week I could not answer so soon as I wished your esteemed letter of the 20th of October, which I received with much pleasure. But now I cannot endure to preserve longer silence, and I have devoted a part of this day to answer your last letter—feeling very grateful for the long letter you have sent me. At first allow me to express you that the sincere interest which fills my heart toward you is no wise altogether professionally. I keep the friendship of a magnanimous and noble lady higher than the interest of my business. That you have been getting along comfortably without any inconvenience or derangement since you left Carlisle, I cannot help seeing in it an observable effect of the Medicine. I have been astonished when I was reading in your letter that you are eating sometimes at tea some warm rolls and biscuit without having felt any inconvenience from them. Indeed the unpunished success of this action of your free will and independence seems to me to be a very good sign of not having taken the medicine without a delightful effect. I hope and wish that this good state of your health may be of duration. Although I have not expressed these hopes without a soft doubt of their reality. For I know as a physician how deceitful sometimes this subjective well feeling is. You have written me that the oculist you have selected for the treatment of your eye, has already relieved one gentleman and others of blindness of some years standing—and that you see in this a proof of his being not only nominally but truly a man of great and distinguished ability. But with regard to this I keep myself obliged, as a true friend of yours, to express to you that this alone is not yet a full sign of a really able and good Oculist. There are many cases of blindness of which to relieve men is not too hard. I keep myself confirmed in my opinion so much the more as you have written me that you cannot but feel sad, and that your eye is no better. If the mode of treatment your eye physician is pursuing with your eye, is very apt to cause a false leech bite, I cannot understand why he does not use natural leeches, which are to be got in a city very easily, and are a good deal cheaper than the genera-

tion you must suffer. But, however, I feel very grateful for the detailed description of treatment of your eye you have given me, and I hope yet you will have a good success of it. I will not leave off, looking in God in your behalf, for I know that all human effort is vain without the help of the Almighty God and of our Lord Jesus Christ. As you wished, I have called at Hannou's Hotel, and asked for a pleasant room for you. I got the answer that you can get it when you come, and that the Hotel keeper will do all he can to make your residence here pleasant, I would be very glad if I should see you in a short time, and I hope I will get this pleasure.

Returning you my sincerest thanks for your kind inquiry after the state of my health, I cannot but say, that I am, thus far, quite well. As a friend I will tell you that I would make a very successful business if I had the sufficient money. Dr. Herman, whom you are knowing perhaps, is going to leave us for ever. He has a very large practice here, as well in town as in the country, which he has offered me, if I would buy at the same time his three houses here, for which he is asking \$5,000. He wants momentary \$2,000, which I would pay now, and will allow me to pay the rest of \$3,000 in four years. Out of his books, which I have looked in, I have seen that his practice brings him in \$10,000 a year. If I could hold only the half of his practice I would make well and good \$5,000 a year, so that the three houses were paid in one year. But for want of these \$2,000, I am afraid another happier man will get this fine business. Meanwhile I am quiet; the will of my God may be done.

What you have written in regard to gallantry to the fair lady whom gossips said I were flirting around, I could not understand at first the sense of your words, as I could not recollect having waited on a lady. Before, I had not heard one word of this gossip, but now, after having made inquiries, I know that the origin of this gossip has in my medically treating of a lady, who having been sick, sent for me.

People who did not know the reason of my visits may have thought perhaps I were flirting around this lady on account of courting her. But now as she is well already long time, I think this gossip, which I do not care at all much, may be grown dumb. Besides my life is very solitary and joyless. I know God will give what is the best for me, and that is my consolation.

I hope you will kindly excuse this long epistle which comes late, and in which I am convinced may be many errors of the English language. But I trust you will not look so critically on the words but on the heart out of which these words are coming. In this hope, I am your sincere friend,

DR. P. SCHOEPPE.

MRS. MARY PARKER, *recalled*. — Her cheeks appeared to be swollen a little. Her breathing, I thought, had no effect upon them. She breathed very heavily, amounting to a snore. I saw Mr. Moore under the influence of morphia; he breathed heavily, amounting to a snore; not such a snore as a person sleeping; it was rather distressing. As well as I recollect her cheeks remained quiet.

MRS. LAVINA SCHINDEL, *recalled*. — There was no flapping or moving of her cheeks; they were quiet. I was there most of the day.

DR. CONRAD, *recalled*. — I did not examine her kidneys, because there were no other evidences of Bright's disease, or other disease of the kidney, which had they been present, would certainly have attracted my attention; the chief of those were the œdema and ammoniacal odor which attend that disease, both before and after death, and are so prominent, when found, as to attract the attention of any medical man. Any microscopical examination of the kidney would have been useless at that period after death. I believed there to be no death from that source. I have had a number of persons in the past year, before this examination, suffering from this disease, (Bright's). There was no change of the tissues, to which I could attribute any disease with which I am acquainted. I mean there was no natural cause to account for her death.

Cross-Examined. — I do not know whether the œdema and ammoniacal odors are present so long after death. I can only speak from experience.

In Chief. — Had this lady died from Bright's disease, there would have been fluid in the abdominal cavity to an abnormal amount, which would have been found there on the *post mortem*, I believe.

Cross Examined: — I cannot imagine the fluid to have penetrated the entire tissues and escaped, in twelve or thirteen days after death; this fluid being in a fibrous sac.

Ques. Has not death taken place from Bright's disease without causing any morbid change in the body, or leaving any trace except in the kidneys?

Ans. I do not know an instance in my

experience nor do I remember one from books of the best authority. I do not recognize Flint's or Watson's Practice of Medicine as authorities on this subject. I did not examine uro-genital organs of the deceased.

MRS. MATILDA WOODS, *sworn*.—I was present at the time Mr. Rheem, Dr. Schoeppe and Mr. Miller were reading Miss Sten-neck's will. While Mr. Miller was reading the will, reading the legacy, Dr. Schoeppe threw up his hands and said, "is it possible! is it possible! is that all!" The legacy she left to Mr. Rheem's mother. I know of nothing more at that time.

DR. CONRAD, *recalled* — Question — State from your experience or knowledge derived from books, what drugs or medicines might make the symptoms you observed.

Ans. I have no experience. From books Wharton & Stille's Jurisprudence, and from Stille's Therapeutics or Maderia Medica; the description in those two books of the *post mortem* appearances of a body dead from Prussic acid resembled this body very closely. The former work, Wharton, first attracted my attention to the close similarity to the description of the appearance of the body so that I was induced to look further in the latter book for corroboration of the first. The first description resembled it so closely that with few exceptions it could not have been better written if it had been written from this body itself. Those were the only two books in which I observed anything of the kind spoken of. They were shown me some time after the first *post mortem*. I was ignorant of them before.

Cross Examined:—I read the books within a week after the *post mortem*. The appearance of the body and the result of my examination, was the same as stated in my testimony a few days ago, with one exception I did not state in my testimony before, during this trial, and the previous examination a circumstance I now remember, and which is the exception. One of the gentlemen, Dr. Ridgley or Kelso, asked me to look at the hand of the body, for a ring. In looking, my attention was attracted to the contracted hand and fingers.

DR. A. J. HERMAN, *recalled* — According to the symptoms that I have seen in the subject, and from the description of Dr. Conrad's *post mortem* appearances of the body, that it had no traces of natural disease, that the brain, lungs and heart and kidneys were all in a perfectly normal condition, no signs of any disease, in the body at the time he examined; and taking the condition of the blood which is a fluid condition said to be

occasioned by Prussic acid, I am led to believe by the compounding of Prussic acid and morphine, that was the cause of her death.

Cross Examined;—I do not know of a case where any body was poisoned by such compound. I never read of one. The condition of the blood is according to Stille that produced by Prussic acid. Prussic acid being a very quick poison, taken by itself, in conjunction with 2 grains of tartar-emetic, acts as a powerful sedative in old persons, depressing and relaxing. The effects of the morphia along with it, with repeated doses of morphia in every two or three hours, I think would have a tendency to stay the effect of the Prussic acid that long in the subject, prolonging her sufferings. I revealed a case where these combinations were used. I do not know of any case recorded, where this compound had been used, with or without these results. The morphia and Prussic acid would act as sedatives to the system, then the morphia given to hold up the action of the system as a stimulant, a considerable time and prolong life. I am satisfied these results would follow from the use of this compound, without experiment. I am satisfied of this from my own reasoning on the subject and willing to testify to it.

DR. S. B. KIEFFER, *recalled*—A hypothetical case having been put to witness, embodying the facts as proven (or alleged by the Commonwealth) the witness was asked, from the statement, what would be his opinion as to the cause of death.

The following is the hypothetical case propounded to the several medical experts:

If a woman aged over 65 years was on the morning of the 27th of January, at 9 o'clock on the street and in the Bank, transacting business, her writing indicating no nervousness, and a little after 11 o'clock of the same morning vomited from some substance administered to her about half past ten o'clock; was found prostrate and languid, about 2 o'clock in the afternoon of that day, at 3 o'clock in bed, but not seeming very ill; in the evening between 7 and 8 o'clock found very sick and sleepy so much so that when sitting on a chair, while being undressed she would fall asleep in the arms of the person undressing her, and would have to be aroused by calling her; at 9 o'clock of the same evening not aroused by knocking at her door or calling; at 6 o'clock the next morning found in bed insensible; breathing very hard, not convulsively, not being a snore, but making a noise in breathing, her eyes a very little open, lying in an easy position,

inclining to her left side; her forehead clammy with perspiration, no froth about the mouth, no puffing out of the cheeks in breathing, no distortion of features, no convulsions, the breathing not regular, no rigidity of the muscles, about 7 o'clock of same morning respiration slow, temperature of the body about natural, skin moist, her head nearly entirely on the left side as before, the pulse seeming natural, muscles much relaxed, some accumulation of saliva. At 11 o'clock pulseless, eyes closed, pupils of the eyes contracted both alike, having a conical, rather elongated shape, the patient lying without change or motion until 6 o'clock in the evening of that day, and then dying, and after burial having been exhumed 12 days after the death, and presenting the appearances described by Dr. Conrad, in his testimony as to the *Post mortem* examination of the body of Maria M. Stennecke, what would be your opinion as to the cause of death.

This offer is objected to.

1st. Because it is not a case similar to the facts of this case. 2d. It is a selection of some statements made by different witnesses and contradicted by others, and for which there is no evidence to support them as a connected body of facts. 3d. It is a statement in which many of the important and leading facts are entirely omitted. 4th. It is in no former case to be submitted to the witness and on which he can properly give an opinion. 5th. It is nothing but an aggregation of statements that suit their theory and an omission of all facts that tend to contradict their theory, in order to get an expression of opinion not justified by the evidence, and improperly influencing the minds of the jury.

Ans. I must premise my answer by saying that a medical gentleman would be unwilling to base an opinion upon the judgment, or the interpretation of symptoms, by what might be called the laity in our profession and in my opinion whilst I may consider these facts by the laity as to symptoms, I must be influenced by the facts and incidents connected with the early history of the case. Dr. Herman's observations, the facts there in detailed the autopsic appearances in detail, and from all these considered as related one to the other, I know of no natural causes that would produce these results. What I mean by natural cause, is disease. I have an opinion and yet I do not know that it would be right to express it as an unqualified fact, because it is based partly on hypothetical, partly on constructive principles and partly on my own obser-

vations and experience. If on this ground, I am justified in giving an opinion, then I will give it. The negative facts proving clearly that she died from no natural causes are clear to my mind, but the positive data, whilst I believe they show clearly that the subject received both prussic acid and morphia, I cannot say unconditionally that they caused her death. To give an unconditional opinion I would ask for more positive evidence than we have.

*Cross Examined:—*I did say I would not dare to base an opinion, but I saw it would not convey my idea and dropped it.

Dr. W. W. DALE, *sworn*—Hypothetical case read to witness, and question put as to cause of death:

Ans. I could not from the *Post mortem* examination see the results of any disease that caused her death. She died from no natural cause, evidenced by the *Post mortem* examination. My opinion, from the *Post mortem* examination as detailed by Dr. Conrad, is that she died from no natural cause. Such being the case and coupled with the symptoms detailed here, the conviction would irresistibly force itself upon my mind that the immediate cause of her death was opium or some of its preparations. That state might have been influenced, or rather the predisposing condition may have been caused by other means, or the taking of other drugs or medicines.

There may have been some predisposing cause; the emetic taken the day before may have been the remote cause, and doses which would not have been poisonous or dangerous would become so. The combination of symptoms detailed I could not account for in any other way than by opium, or some of its preparations.

*Cross-Examined:—*The symptoms I rely upon are, on the evening preceding her death the drowsiness manifested, amounting almost to a stupor, her comatose condition in which she was found next morning, the character of her breathing, the contracted condition of the pupils of the eye, the relaxed condition of the muscles, upon these taken together I found my opinion.

Dr. G. W. HALDEMAN, *sworn*—Am a practising physician, have been for 15 years. (Hypothetical case put to witness.)

Ans. The results of the post mortem examination made by Dr. Conrad show no evidence of any disorganization of any of the parts examined; that all the organs presenting a healthy appearance as examined. I have no hesitancy in giving it as my opinion, by some cause or causes, other

than natural, must have produced Miss Stennecke's death. Her eyes being partially closed, her breathing nearly natural, flaccidity of muscles, absence of stertor, and the blowing sound in breathing, the contraction of the pupils of the eye, a comatose condition from which she could not be aroused, I would naturally conclude without personal observation, that the immediate cause of her death must have been owing to a too free use of or administration of opium or some of its hundred preparations.

Cross-Examined:—There was no evidence of death from natural causes.

In-Chief:—Morphia is one of the preparations of opium.

Cross-Examined:—The paper was read to me after dinner, as read in Court,

Dr. DANIEL CORNMAN, *affirmed:*—Am a practising physician, have been for 22 years. (Hypothetical case stated to witness and question propounded as to cause of death.)

Ans. Predicting an opinion upon the hypothesis here stated, and upon the testimony of Dr. Conrad, as to the post mortem examination, I cannot conceive that the individual died from any natural cause, and that death must have resulted, but from some narcotic poison, either opium or some of its salts.

Cross-Examined:—I base my opinion upon the symptoms mentioned in this paper, the pupils of the eyes being contracted, the comatose condition of the individual from which she could not be aroused at a certain time, her lying upon her side all the time, and from the post mortem appearances as related by Dr. Conrad, the fact of her gradually getting into that comatose condition, from her sleeping and falling into the arms of her nurse.

In-Chief:—In addition the clammy condition of the skin, the accumulation of saliva at the mouth would be evidence. There are no other facts mentioned in this paper which would induce me to change my opinion I have already expressed.

Dr. SAMUEL P. ZEIGLER, *sworn*—I have been a practising physician over 23 years.

(The hypothetical case put, and the question asked if in his opinion she died of a natural cause, and if not, what in his opinion caused her death.)

Ans. In reviewing the symptoms as set forth in that paper, and detailed up to the post mortem examination, and taking the result of that post mortem examination by Dr. Conrad in detail, I find no natural cause of death. Taking the symptoms as

detailed in that paper it occurs to my mind that death must have been caused by some unnatural injudicious overdose of opium or some of its preparations. Morphia is one of these preparations.

Cross Examined:—I base my opinion on the drowsiness of the supposed case growing gradually into a stupor, and an entire comatose state of the brain, from which she could not be aroused by any external application, from her heavy stertorous breathing, from her eye-lids being partially open, and the pupils of both eyes being contracted alike, from the entire relaxation of the muscular system, and the clammy perspiration.

ALEXANDER EWING, *recalled*—I had another conversation a day or two after my first one, with Dr. Schoeppe. He told me a few days afterwards, he said either he had been offered a sum to go away and save trouble, or he would go if he was offered a sum of money. In connection with the first conversation he told me that after this gossip was all over and everything fixed up, he would have the money, and he would make those parties who published his name to the world suffer for it.

JOHN H. RHEEM, *recalled*—During the time of Miss Stennecke's sickness, some time during the day she died, the 28th of January last, he said (Dr. Schoeppe said) she had symptoms of small-pox and typhoid fever. She was very fleshy about the chin in life. It is my opinion that her face inclined to one side.

Cross-Examined—I never before mentioned that the Doctor told me she had symptoms of small-pox or typhoid. It must have been some time ago that I told it to the counsel. The reason I did not tell it before is because I have not an infallible memory. It was in her room he told me. I don't know what part of the day it was. I can't tell who was present at that time.

D. S. B. KIEFFER, *recalled*—By the term "unconditional opinion" I used yesterday, I meant that whilst I believed from the facts detailed in that paper and the post mortem examination that both Prussic acid and morphia had been received, and that we had the evidence of their combined influence, while I am familiar with the therapeutic action of morphia, and also have considerable experience with the same action of Prussic acid, yet, my experience and knowledge of the action of Prussic acid is not such as to justify an unconditional opinion in the case, in the absence of chemical proof by analysis.

EVIDENCE FOR DEFENCE.

At 9.30 A. M., Friday, the case on the part of the defendant was opened to the jury by W. H. Miller, Esq.

J. D. ADAIR, Esq., *sworn*—I took these notes of testimony on the hearing of the *habeas corpus*. Dr. Herman was sworn and examined as a witness on that occasion. My recollection is that I took almost every word that fell from the lips of the witness. I have the notes before me of what he said on that occasion. Witness reads from his former notes.

I took down almost every word. Have no recollections of testimony except my notes. Dr. Herman spoke so distinctly that I heard almost every word he said. Only one word I recollect of not hearing was "hemi-legia." Account published in *Carlisle Herald* fuller than my notes.

S. HEPBURN, Jr., *sworn*—I was one of the counsel for Dr. Schoeppe in the hearing of the *Habeas Corpus*. I took notes of Dr. Herman's testimony. All that Dr. Herman said is not all on my notes, but there is nothing in them he did not say.

HENRY NEWSHAM, *sworn*—I was a counsel for Dr. Schoeppe, I took notes, partial ones, there was more said than was taken down. (Witness read from notes.)

CATHERINE LINN, *sworn*—Came to Carlisle before the Holidays. I was not well. I was not well for this long time. I was very nervous. I went to Dr. Schoeppe. He gave me medicine. He gave me drops. I don't know for sure how many I took at first. I do not remember if it was three or five. It did me no good. I increased it to ten drops by the directions of the Doctor. It was increased to fifteen drops. I guess, took them two times a day, in the morning and evening. He would not let me go home and told me I had to stay here and keep on taking the drops, that if anything should turn up with me I should give him word right away.

Cross-Examined:—He began to give me them after New Years'. I had not been in town long before Holidays, came in the day before. I took medicine through January from him. The week after the Holidays I first saw Dr. Schoeppe. It was soon after New Years'. He gave me some powders and drops the first time I saw him. That was the time he gave me the three drops. That was the first week after New Years'. He told me to take them in sugar and water, he gave me the drops and told me to be particular and not take more than he told me.

They were in a small bottle. I kept it on the bureau. I stayed with my father near Mr. Fells in town. I have not the bottle threw it away. I guess I took it all. I took 15 drops twice a day, two or three weeks, did not take the first week quite so much. I lived in the country eleven miles from here. Stayed here four weeks. Nobody told me to throw away the bottle. I guess I threw it away I do not know where it is.

MRS. MARY PARKER, *sworn*:—I never noticed anything crooked about Miss. Stennecke's face or mouth. I did not tell Dr. Herman the day of her death that she had a crooked mouth, heard no one telling him so. Did not notice her tongue protruding, her mouth inclined a little to the left, more so in the afternoon than in the morning.

MRS. LAVINIA SCHINDEL, *sworn*:—Never saw anything crooked about Miss Stennecke's face before her illness. I did not tell Dr. Herman that she had a crooked face, did not hear any one telling him so. Her mouth was drawn to the left side and her tongue also, a little protruded, her nose was also turned a little, turned to that side, more than I ever observed, also a little discolored.

Cross-Examined:—Both tongue and mouth inclined to the side on which she was lying, the left side. She had rather a full face.

MRS. LINN, *Re-Cross-Examined*:—I did not perceive any smell about the bottle of drops at that time. I dropped the drops myself and took them. I have the power of smelling now and before too.

Re-in-Chief—I thought I had a little cold in my head.

MISS A. COMFORT, *sworn*:—I was present after Miss Stennecke died, and helped to lay her out. There was no evidence of purging. Her limbs were not rigid. She was warm when I laid her out. I can scarcely remember how she was when I saw her after death, appeared to be reclining on her side.

Cross-Examined:—Miss Diekey helped me to lay her out. Miss Eliza Diekey. I went there at half-past six in the evening. Mrs. Woods and Mrs. Keeney were both there, nobody else in the room at the time. Mr. John Rheem came for me—Mr. Ewing was not there when I came. Was not there before.

MRS. HANNAH HORN, *sworn*—I reside in Baltimore. I was at Burkholder's when Miss Stennecke died. The chambermaid told me between 6 and 7 o'clock in the morning. I was in bed. I went into her room about 7 o'clock. I found her in an

unconscious state. She was lying with her mouth open, tongue drawn to one side, breathing heavily, short breaths, not very short, not natural, snores, occasionally very slight stoppage in her breathing, her nose drawn somewhat to the left side, did not examine her eyes, they were closed when I went in, they remained closed all day. I was in her room nearly all day, felt her pulse, it was not regular, became weaker soon after I went into her room, it was stronger when I went in, but weakened rapidly. I applied warm applications to her feet, found them cold as high as the instep, her left hand was cold and not the right, sent for the Doctor in the morning about 7 o'clock, sent for Mrs. Woods, her cousin, Mrs. Woods came brought Mr. Rheem there. Mr. Rheem went for Dr. Schoeppe. Dr. Schoeppe when he came in fell upon his knee and put his ear to her chest. He then said he would go for the stethoscope. He afterwards said he would like to have another Physician called in. Mr. Rheem asked him who he should call in, and he signified it was immaterial. He did not say so, I think he said it didn't matter. When Mr. Rheem said Dr. Herman he said, yes Dr. Herman. He said his object in sending for another Physician was to know whether she would bear blood-letting. Dr. Schoeppe asked me if I could tell how many hours she had lain in that condition. He then said if it had been but two or three hours then she could bear blood-letting but he was afraid she was too weak now. He then ordered mustard plasters to be applied to her chest. Dr. Herman came in about 11 o'clock. They spoke together in German, I could not understand it. Dr. Schoeppe pronounced it a stroke when he came in, some time afterwards. I remained in the room all day, except twice when I went to my meals. When Dr. Herman came there at 3 o'clock in the afternoon, I was standing at the Doctor's side, being the only person near to him, Dr. Herman said, "It is a stroke." I went around to the other side, and said, then Doctor there is no hope, he said, "very little." I never told Dr. Herman that Miss Stennecke had a crooked face. I did not even see her full face, and didn't know any such a thing as that it was crooked. I noticed in the afternoon that she was in a profuse perspiration on the right side, and not on the left. Her left hand was cold. Dr. Schoeppe seemed to be very much distressed about it and seemed as though he would like to give her something to relieve her if he could. The skin on the

right side felt natural when I felt it. The Doctor uncovered her feet and examined them.

Cross Examined. — Went to dinner at 1 o'clock, and was out of the room about fifteen minutes; I was told it was 3 o'clock when Dr. Herman was there the second time; I undressed her, felt her right side; she was lying on her left side; at that time I merely felt her left hand and arm, and remarked on the difference. On her left side I felt nothing but her hand and arm and no other portion of her side, except her face. The left side of her face was cold and the right warm. It was some time between 3 o'clock and dark, I felt her several times, the last time between 3 and 5 o'clock.

WM. DREW, (colored) *sworn* — I live with Mr. Saxton, I waited at the table when Miss Stennecke boarded at Hanon's; attended to her at the table; she complained frequently of giddiness in her head. I met her between 10 and 11 o'clock on the Episcopal church Square the day before she died, on Wednesday; I heard of her death the next morning. I asked her how she was: she told me she felt very dull and bad; she had been eating beefsteak the evening before, and she was walking, trying to walk it off. She was a very hearty eater; she generally would take little things with her from the table, wrapped in the napkin, to eat between times. I met her on Wednesday; next day she died sometime after breakfast; Doctor Noble told me.

C. P. SANNO, *sworn*. — The warrant for Dr. Schoeppe was put in my hands; I made the information; these charges had been talked about in town for several weeks; Dr. Schoeppe was frequently on the street during the time; I found him in his office when I went to arrest him; I told him I wanted him to go with me to Squire Dehuff's office. He asked me if I had a warrant for him? I said, yes, I had; asked me if I would go with him to Mr. Miller's office? I told him, yes. He asked me whether there was any word from Baltimore from the examination; I told him there was; he said it had been going on for several days; that he had seen it in the papers. From Mr. Miller's office we went down to Squire Dehuff's office.

Cross-Examined: — He was somewhat excited when I arrested him; he appeared to be very nervous. We started out to go to Mr. Miller's office and he forgot his spectacles; he went back and got them; took his hat along.

WM. KENNEDY, Esq., *sworn*. — I boarded at Hannon's last year, and occupied the front

room over the lower parlor. Some time in the fall, Miss Stennecke came there and was placed in the room immediately in the rear of mine, the entry making a turn, and the doors almost joined: the transoms were usually open in the evening. One night, whilst she was there, sometime between midnight and daylight, I was awakened and startled by a noise as of some one in great pain or distress, or as persons attempt to cry out under the influence of nightmare. I was satisfied the noise proceeded from Miss Stenneck's room, and had almost made up my mind to go and see what was the matter, when I heard a deep drawn sigh, and then a cough, and some one moving in her room, or in bed. I heard her voice calling one of the servants about daylight in the morning, to look at her fire, I think.

Cross-Examined:—I could not tell whether she had anything like nightmare, or was dreaming. Did not hear of her being sick next morning.

DR. STEVENS G. COWDREY, *sworn*—Am Assistant Surgeon in the regular army; took my degree in October two years ago; am acquainted with Flint's 'Practice of Medicine' it is supplied to the army, and is also a text book in most if not all the medical colleges in the U. States, in the Eastern part of the country at least. I have a knowledge of Bright's disease; I was called to see, a patient in a comatose condition, in New York city; there had been no previous physician there. The patient died within twelve hours. I could not give a certificate of death without an autopsy, and this showed a disease of the kidneys, the small granular kidney, it was Bright's disease, this is that form of kidney that is often not attended with oedema. Winter before last I attended nearly all the autopsys at Bellevue Hospital, a very large proportion of the cases showed disease of the kidneys, many of them having no swelling, no dropsy, or oedema; the oedema is an infiltration of the tissues. When the kidneys do not excrete the water collects in tissues. The proportion was about one in every four or five, which showed no oedema. That case required an autopsy, to find the cause of death, in order to give a certificate. As far as an examination by the naked eye is concerned, it might be a principle of medical science that death can occur, leaving all the organs of the body in a healthy condition—that is, that death might be caused by some means discoverable only by the microscope. I have never seen it laid down as a medical principle in any of the books.

Cross Examined.—Oedema is not the only

symptom attending a disease of the kidneys; before the introduction of the microscope it was considered the important symptom. The symptoms are numerous and varied; when the blood becomes poisoned by the urea, it may discover itself in an affection of almost any organ. Sometimes the patient complains alone of dyspepsia, sometimes of dizziness of the head; a common symptom is an affection of the eye, dimness of vision, pain in the left side, albumen is found in the urine and casts of the uriniferous tubes, which is the surest symptom.

In the *post mortem* I made, I discovered no lesions in the organs, except the kidneys. The blood was in a fluid condition. I did not apply chemical tests for urea in the blood. I judged from the kidneys; I judge the blood was poisoned by the urea; it caused the coma. The patient died from the small red granular kidney; the kidney becomes diminished in size; I think it is, but I do not know which is the smallest form; there are three. We judge that the kidney excretes the water without excreting the urea. Urea in the blood might be decomposed into carbonate of ammonia. Never discovered the odor from the breath, the case I speak of was a living patient. I never saw it laid down as a symptom; I do not know in which sex Bright's disease occurs most frequently; do not remember the statistics; I believe there is a slight difference. I saw a case in Roberts, in which a person of sixty-three years had undoubtedly Bright's disease.

The brain varies in different cases; in cases of dropsy, there is usually effusions of serum in different parts of the cavities of the brain, in other cases, none; the whole person is usually pale, blood deteriorated, anæmic in a measure. Granular kidney may produce functional heart disease, not organic. The most frequent cause of Bright's disease is a cold, exposure to cold, exposing the surface of the body to cold, chilling the skin gives the kidneys too much to do.

PROF. C. F. HIMES, *sworn*.—I am Professor of Natural Science in Dickinson College, of this place. I began to teach chemistry in 1855, by text books and lectures; have been engaged in teaching and studying chemistry since then; have been connected with Dickinson College for four years, since 1865. I pursued those studies for one and a half years at the University of Giesen, in Hesse Darmstadt, Germany, in the laboratory of Prof. Liebig, under the instruction of Prof. Wills, the latter author of a text book on Analytical Chemistry, used extensively in this

country and Europe. I heard the testimony of Dr. Aiken; if I remember aright he applied the iron and sulphur tests; he stated that he distilled the contents of the stomach with sulphuric acid, and obtained about four ounces of distillate. A portion of this he treated with caustic potash, then added a proto and sesqui salt of iron, and then a few drops of hydro-chloric acid. He stated if Prussic acid had been present in the distillate, Prussian blue would inevitably be produced. He stated in the examination in chief that a faint blue color was produced; in the cross examination he stated that this was not in itself conclusive. Upon such a statement from the chemist, I could scarcely state positively that Prussic acid was present; if not conclusive to him, it cannot be to me. In addition, this mixture will not necessarily show the presence of Prussic acid. There are fallacies connected with every test. If an insufficient quantity of hydro chloric acid were added, a precipitate would be produced of a dirty green color, or, according to some authorities, of a bluish color. Admitting, however, that the whole test was properly made, it was still inconclusive. The next test, called the sulphur test, was made by exposing sulphide of ammonium to any vapors arising from the distillate before mentioned. It was then treated with per chloride of iron (the doctor may have used the term sesqui for per chloride of iron) a faint red coloration was produced, which would indicate the presence of Prussic acid in the distillate. In the absence, however, of any confirmatory test, I could not, from the statement made, as a chemist, infer the presence of Prussic acid, because of the extreme delicacy of this test, leaving out of account any fallacy there may have been in testing. By this statement I mean to say that, however clear it may appear to Dr. Aiken's mind, I would be unwilling to accept the fact for an inference of my own. In addition, in all cases in which the contents of a stomach are to be examined for Prussic acid, an effort should be made to ascertain whether there may not be present in the stomach substances, harmless in themselves, which may produce Prussic acid in the subsequent chemical treatment. Such substances as ferro-cyanide of potassium, (or common name, yellow prussiate of potash,) or ferri-cyanide of potassium, (or red prussiate of potash.) The first mentioned is an article mentioned in the dispensatory as a medicine. It is the substance used for the manufacture of Prussic acid by treating it with sulphuric acid, and distilling, as was done with the contents of

this stomach. The presence, therefore, of Prussic acid in the distillate might only indicate the presence of this harmless compound in the stomach. There might be trace of Prussic acid produced from a normal constituent of the saliva. There is present in the spittle a substance called sulpho-cyanide of soda. I would amend by saying, a compound of sulpho-cyanogen, and in consequence, the saliva or spittle, if distilled with a strong mineral acid, such as sulphuric, would give decided indication for Prussic acid. The absence of the silver test, and the iron test had given no conclusive reaction, and the sulphur test had given a fair indication, was a serious omission. According to most recent authorities, it is the most delicate of the three tests. Even had the reason assigned by Dr. Aiken for not using this test been correct, it would still have afforded a negative fact that would have been fatal to the previous tests. Or to explain. If nitrate of silver had been applied to a portion of the distillate, or vapor arising from the distillate had been allowed to act upon a drop of solution of nitrate of silver, and no positive evidence of the presence of Prussic acid been given, it would have proved as conclusively the absence of Prussic acid, and would have allowed us to infer that the faint trace obtained by the sulphur test was due to accidental and fallacious circumstances, such for example as accidental impurity of the re-agents, that is the chemicals or vessels employed. Hence I would conclude by saying that the reactions, obtained by Dr. Aiken, however satisfactory himself, would not enable me, or permit me to say positively that Prussic acid was present in the contents of the stomach. There is an additional fact that if Prussic acid is obtained by means of the iron test and an immediate blue coloration is produced, I would look upon it as my duty, as examining chemist, to set aside the vessel containing the test until a precipitate of Prussian blue should be formed, which precipitate could be produced in open Court. Another point; there were four ounces of distillate, two ounces of which were used, in testing for Prussic acid, a few drops of which would have answered for the silver test. It is not absolutely necessary to test a precipitate obtained by nitrate of silver, by the iron and sulphur tests to ascertain whether it was produced by Prussic acid. Chloride of silver and cyanide of silver might both be present; microscopic examination would show a crystalline form for cyanide of silver, and an amorphous, microcrystalline form for chloride of silver. Again, if a precipitate obtained

by nitrate of silver contains chloride of silver, that fact will become apparent by placing it in (the precipitate) in the sunlight, when chloride of silver will acquire a violent tint or color, and the cyanide of silver would remain unchanged. The chloride and cyanide of silver are both white when first precipitated. As stated in all the books on the subject, light decomposes, and thus destroys Prussic acid.

Cross-Examined.—All these are good in their way, and corroborative of each other. Can't say which is the best test. The silver is the most delicate, sulphur more delicate than the iron. Have seen Taylor's Medical Jurisprudence. If Dr. Aiken added only a few drops of hydro-chloric acid a fallacy may have been produced. Can't say that I have a reason for supposing that Dr. Aiken used too much potash for the quantity of acid.

No other substance in nature would have given these indications, *with the smell*, but Prussic acid. I do not know of any substance that would have produced the red color which Dr. Aiken procured but Prussic acid, except that the per-chloride of iron (the re-agent used,) has a yellowish red color itself, which might be mistaken for Prussic acid. A few drops with the distillate used would not have produced a perceptible color. The silver test would have been a more decisive test. Gleim's Hand Book of Chemistry has the results of analysis of saliva. If there were any saliva in the stomach, treatment with sulphuric acid would produce Prussic acid. Hydrocyanic acid is not a gas, it is a liquid; a very volatile liquid. Nitrate of silver is a test in itself.

(A great deal of testimony in this cross examination is not reported because of its general unimportance.)

Counsel for the Commonwealth now notify the counsel for the defence that they will offer, as evidence in chief, after discovered testimony as to the purchase of Prussic acid by Doctor Schoeppe, at Harrisburg, shortly before the death of Miss Stennecke; or as rebutting evidence. Objected to by counsel for the defence.

After argument testimony admitted.

C. E. MAGLAUGHLIN (*Sworn*).—I saw witness yesterday afternoon that I now propose to offer. Yesterday noon after the adjournment of Court, I procured a subpoena from Mr. Bixler, clerk of the Court, I procured it yesterday or had it from Thursday for other witnesses. I took it to Mr. Campbell Chief Burgess, directed him to go to Mr. Herron's drug store and ascertain when there, whether

they had not sold Prussic acid to Dr. Schoeppe immediately before Mrs. Stennecke's death. That he should with him subpoenaed all the persons in the store, but that if he would send with him the person who he could be confident could identify Dr. Schoeppe as the person who had procured the Prussic acid, and that he should bring any witness he could obtain by the evening train if possible, if they could not reach the cars to bring them up by private conveyance. That if he found any witness he should telegraph to me as to his success. I received this telegram.

HARRISBURG, May 27, 1839.

Mr. Herron sold it. He comes with me this evening. J. CAMPBELL.

After the evening train came in I saw Mr. Herron enter the door of the Court room and I walked down the aisle to meet him. I brought him up to the railing surrounding the Bar, and asked him if he recognized the Doctor, he looked at him, I pointed to the Dr. with his spectacles, he shook his head, and said I don't think that is the man. After Court adjourned met Herron going out of Court room, he then told me that he believed he was the man but he would like to see him again. I requested him then, that he should be in front of the Court House this morning at the opening of the Court, that he could then see him with his hat on and then let me know whether he recognized him. I saw Mr. Herron; he then told me he was certain he was the man.

EVIDENCE FOR THE COMMONWEALTH.

DR. W. W. HERRON, *Sworn*.—I am a druggist. Do business in the Jones House, Harrisburg. I saw Schoeppe in our store. I have an entry of the 23d of January. I know it was about that time because we were painting the store. He asked for an ounce of hydrocyanic acid diluted, I mean diluted Prussic acid. He got it. I charged him 30 cts. and he objected to the price.

Cross-Examined. It was put in an ounce bottle with a glass stopper, a round bottle, the same kind of package that Lubin's extract. Don't know whose preparation of Prussic acid it was, the original label was on the bottle, ours was not. He got one bottle. There was no wrapper on it, I wrapped it up. They generally have a blue wrapper on, but we have them in our chemical case unwrapped, of course I would sell the unwrapped one first. They are blue bottles—not necessary to be covered. I can't say whether it had ever been open or not. I have no idea how long it had been standing on our shelves. "Prussic acid 30 cents,

German physician," is the entry in my book. Sell Prussic acid to physicians, sold some yesterday morning before I came here. We sell a great deal of it, have a great many physicians who deal with us, who purchase it. Came up yesterday afternoon, evening train. Mr. Maglaughlin brought me to the Bar, pointed out to me the Dr. I shook my head, did not say what Mr. Maglaughlin said, could not see the Dr. well, had but a side view, could not tell him without his hat on, that I would see him when he went out of the Court room. I did not make the remark Mr. Maglaughlin said—I think "I said I cannot tell." Saw the Dr. yesterday evening, and saw him this morning with his hat on. It was the same kind of a hat. It was a hard silk hat. I saw him in the store and yesterday, never saw him before. I don't suppose the Dr. was in the store more than five or six minutes, but a few moments—Mr. Maglaughlin came to see me before the April Court about this matter. It was the month of March. I told him that I sold to a German physician, that of late we had sold several times, and that we had several German physicians as customers. I looked over the memorandum, with Mr. Maglaughlin and another gentleman, to find entry, and did not find it, found it yesterday, looked in the same book, did not look fully, told him I could hunt it up. Got a letter from Wierman which made me look for memorandum—wrote dispatch to Maglaughlin, did not send it; called once at Maglaughlin's office wanted to go to the jail to identify the Doctor, Mr. Maglaughlin was not there. Have sold drugs a dozen times to Juniata German physician, don't know his name. I think he never bought Prussic acid, from me, because no entry—that is the only entry I have of Prussic acid. Memorandum lies open to the public, and contains every item sold—from 1 cent in value to \$50—lies on silver mounted show case—all items are included, if many, in brackets, sometimes name of purchaser is put sometimes not.

Re-in-Chief—I have no doubt that the Dr. is the man that bought the Prussic acid.

EVIDENCE FOR DEFENCE, RESUMED.

DR. M. F. ROBINSON, *Sworn*:—Have been practising medicine 22 years—heard Dr. Conrad's testimony of post mortem examination. She might have died of uremia, which would not have been revealed by the examination. The kidney is the only organ showing the pathological condition causing the disease.

Cross-Examined:—This disease when terminating in death, is accompanied with

symptoms. Symptoms are appearances before death. The pathological lesions which produce the symptoms of this disease may be connected with a contracted kidney.

Ques. Is not the contracted kidney, the granular kidney? *Ans.* I am not able to say positively.

Ques. Does not urea exist in the blood in all cases of contracted kidney and uremia? *Ans.* Urea exists in the blood in health.

Ques. In what proportion does it exist.

Ans. I am not wise above what is written. I have never seen the proportion written. I do not know that urea exists in the blood in the proportion of 30 drops to the thousand. I may have seen it, but I did not charge my memory with it. Never read Dalton's Treatise on Physiology, (dated 1861.) Don't know that it exists in the proportion of 16 hundredths in the thousand. Until recently it has been a mooted question whether urea exists in the blood or whether it is the result of secretion of urine in the kidneys. The recent experiments of Hammond have settled that question in the majority of medical minds. Uremia is a blood poisoning, produced by the checking or any material lessening of the elimination of the substance, (urea) from the blood. The kidney is both a secreting and excreting organ.

Q. Is not urea decomposed in the blood and exhaled from the lungs as ammoniacal gas.

A. I am not sure I am right in that manner, but that it produces its poisonous effects without undergoing decomposition.

I do not regard Bright's disease and uremia as identical. Contracted kidney is one of the conditions of Bright's disease. Never held a post mortem for Bright's disease. Never held one in a case of death occurring from uremia. Our knowledge of uremia is but recent. I mean the whole medical profession. The disease until recently has been mistaken for apoplexy and in post mortem examinations for apoplexy, and where there were no lesions of the brain, it was called nervous apoplexy. It is now generally believed that, the cases called nervous apoplexy, were cases of uremic poison. I am not able to say what the effects upon the blood after death would be from uremic poison.

DR. JACOB ZITZER, *sworn*—I have been a practicing physician about 22 years. I practiced eighteen years in this country, and the balance, three years, in the old country. I have in my experience seen cases of death from Prussic acid; about six or seven cases of those dying from Prus-

sic acid, and three of them I had the chance to see the post mortem examination; was present when it was made. In reference to prussic acid, I would commence. When a person or patient takes prussic acid that would fall in a disease, and then would fall in three stages. The first stage would be as soon as the poison is received into the stomach; it would cause a faintness, dizziness, loss of speech, a paralytic condition of the whole system, the face somewhat congested, the eyes brilliant, the pupil enlarged, irregular action in the heart, a beginning of shortness of breath, unable any more to speak. These would be generally the symptoms of the first stage of the intoxication from prussic acid, which stage will last from three to seven minutes. After the second stage commences, the physiognomy of the features of the face will turn to a kind of bluish, blowed up congestion, cyanotic condition; on both sides the causted parts will project, that is the ends will project; the nervous system of the face becomes enlarged, the eyes become wild, quivering pretty much like in epilepsy, the breathing very hard, almost impossible to get sufficient air, and in the latter part of the second stage the breathing becomes wheezing and almost convulsive, the heart irregular and almost jumping, so that it can be seen almost through the clothes, slight heat over the body, trembling of the muscles. These would be the general symptoms of the second stage, lasting from what I saw, from five to ten minutes. The third stage generally commences from changing the features from a bluish to a pale ashy color, a perspiration over the face, the eye sunk, loses a brilliant sight, becomes watery, the breathing spasmodic, almost impossible to get breath, the pulse from jumping becomes wearisome, irregular, until it finally has ceased circulating, the breath ceasing in a short convulsive expiration, the pupil of the eye fixed, cloudy, watery, sunk, the head dropping toward the breast, the whole process ending in about from twenty to thirty minutes, in the cases I saw. These were the external symptoms that I saw in poisoning from prussic acid.

In the post mortem examinations of those I saw where death was from prussic acid, about seven or eight days after death, the external appearance was not very plain, except a kind of a bluish discoloration about the neck. By exposing the brain, under the *pia-mater*, almost congestion of the blood, diffused on the top of the brain. By dissecting the brain, it showed an en-

gorged condition of every part of the brain, and an effusion of a bloody, watery fluid. The bronchia was congested, dark red, the epithelium filled with a dark, bloody slime; the lung congested, so that each lobe of the lung showed an engorgement of blood; the œsophagus was, near the stomach, congested, the stomach the same, only the inside of the stomach had none of a blackish appearance. The liver didn't show much of a change. The rest of the organs in the abdomen were pale; the secretion organs were empty, and the spine showed no change. This is what I saw in three cases.

In reference to morphia: I saw one post mortem, two deaths in which I did not see the post mortem.

The symptoms that I observed were the stimulating effects of the opium, which lasted a short time, an hour or an hour and a half. When I found the patient delirious, somewhat wild, flighty, his eyes red and congested, watery, and the eyelids half shut; the speech stammering or broken, the pulse very frequent, the skin hot, quick breathing, and a good deal through the nose, the tongue very dry, and a wheezing sound through the wind-pipe. The rest of the extremities natural and warm; these were about what I would take for the first stage in an overdose of opium or any one of its compounds. Morphia the same. That condition I observed lasted five or six hours. Then his eye became sunk, his face pale, his mouth sunk, his tongue dry, a short wheezing sound in breathing, in inspiration; the expiration scarcely perceptible; by touching or shaking him he would fly up, scare up, but soon fell in a stupor again. The cheek and body in a heavy sweat, (this I would not like to say is a general symptom, as I used a good deal of camphor and other stimulents as an antidote;) the heart, the pulsation was very fast, irregular, spasmodic, contraction of the muscles of the extremities, quick and quivering, unable to swallow—that, I thought, was about the second stage of the disease from intoxication. It lasted six or eight hours. After I found congestion was produced, the feature to commence to change to a kind of pale ash color, his eyes became watery, slimy, his lips drawn up, couldn't make any impression on his mind; his tongue drawn back and dry, his pulse irregular and wearisome, heart jumping, with a long interval; the exhalation of the breath very long, his inspiration interrupted, convulsive, his skin clammy, and the extremities cold. In that condition I left him, and he died about an hour afterwards. The

third stage lasted about six or seven hours.

Post mortem after death from morphia, I was present at one. I state only the organs that were found abnormal. By exposing the brain, an effusion of blood was found between the small and the large brain. The brain itself was hard congested, by each incision the presence of coagulated blood, quantities of effused serum and blood, between the ventricles of the brain, and particularly on the base of the brain. There was along the spine a slight discoloration of congestion, congestion of the lungs; a good many spots of effused blood between the lobes of the lungs, the intestines full of gas, melt and liver normal, bladder and urethra were full of urine. This was all. I heard the testimony of Dr. Conrad, of the post mortem of Miss Stennecke. It was not complete, because not all the organs of the body were examined. Secondly, I thought by opening of the skull, the dura mater and the adjoining sinus was accidentally opened by the saw, so that it couldn't be told where that blood had escaped in opening the skull, had come from; and third, I would have paid some attention, to the softening of that part of the brain spoken of. In opening the skull, the dura-mater ought to have been preserved, turned the attention to that softening of the brain; the examination of the spine, kidney, and I think, the sexual organs, ought to have been examined. I think it absolutely essential that these organs should have been examined to determine the cause of death. I thought the blood ought to have been examined, to see whether it was blood or blood water; if blood water, it would become black in that length of time under the ground, from decomposition. Softening of the brain would not occur, unless something was the matter. The dark color of the blood would often result from decomposition. I heard Mrs. Horn's testimony.

Question. On the supposition that, that testimony is true what would you suppose to be the cause of Miss Stennecke's death.

Answer. The symptoms which she described, would make a person think, without taking the post mortem, as if she had died of apoplexy. Softening of the brain, or the encephals malacia, of itself would be a sufficient cause of death. What disease would the condition of the brain, as described by Drs. Conrad and Ridgley in the post mortem indicate as the cause of death? Ans.—It might indicate different diseases. For instance, the softening of the brain itself might produce death: the escaped blood, not knowing where it came from, if it had been

confined in a certain place, would have indicated apoplexy.

From Mrs. Horn's testimony and the post mortem, as detailed by Drs. Conrad and Ridgley, what disease would be indicated as the cause of her death?

Ans. From that testimony and from that effused blood escaped in the skull at the time, by the opening of the skull and if that blood had been confined in a certain place it would indicate apoplexy.

Cross-Examined:—I mean softening of the brain before death. A part softened and the rest in its normal condition would indicate that softness arose from disease. A skillful physician on a post mortem examination could tell whether a softening of the brain occurred during life or was caused by decomposition. First, chemically, secondly, by the microscope, the nutrition of the part itself; third, the pathologic, anatomic changes. Softening can be caused by the obstruction of a blood vessel which nourishes a certain lobe of the brain. Such a part would go sooner into decomposition than if it had been healthy. Then again it would be less able to resist a certain force of blood in circulation than if in its normal state.—It would depend on the anatomical construction of the different parts. The brain mass goes under the same rule as to decomposition.

Ques. If different parts of the brain comprised of the same material, one part healthy and the other diseased at the time of death would it indicate any difference between the healthy and different parts in decomposition?

Answer. Of course it depends on the nature of the disease whether the diseased part would be longer decomposing.

If the whole brain was alike decomposed it would indicate that decomposition had commenced at the same time. If the whole brain were soft the patient wouldn't last long. A part of the brain is hard, the pons variolii, the upper part is more soft. I have seen a body taken up after lying twelve or fourteen days. I have seen a body buried five days in which decomposition had not commenced. I have seen them after being there when decomposition had not taken place.

In Chief.—Where a person was killed and thrown into a castle, six months after you could see where the injury was done to the brain.

Re-Cross-Examined.—I have seen cases of rapid decomposition, especially in warm weather.

Prof. T. G. WORMLEY, *sworn.* — I reside in Columbus, Ohio; am by profession a physician and chemist. I occupy the chair of Chemistry and Toxicology in Starling Medical College, Columbus, Ohio, and of Chemistry in the Capitol University in the same city. I have occupied the position in the latter Institution since 1851, in the former since 1855. Toxicology means science of poisons. From the year 1856 or 1857, I devoted my attention almost exclusively to the effect and chemical properties and methods of detection of all the principal poisons. I make it my object to supply myself with all systematic treatises upon the subject; and also with the leading journals relating to the subject as published in this country and in Europe. I have published a systematic treatise upon the subject the title of which is "Micro Chemistry of Poison." (This is a copy of the book).

Prussic or Hydrocyanic acid is a transparent, colorless, volatile liquid, composed of the elements carbon, nitrogen and hydrogen, and having a rather peculiar, characteristic odor. As found in the shops, it is in a state of mixture or solution with water, constituting a mixture containing, according to the U. S. pharmacopœia 2 per cent of the anhydrous acid, the pure Prussic acid, undiluted with water. The dilute acid, as found in the shops, is subject to considerable variation in regard to its strength, among a number of samples examined, in the state in which they came from the hands of American manufacturers, none was found to contain 2 per cent of the pure acid, and one sample was found to contain not a trace of the acid, (Micro Chemistry of Poison. Page 168.) All these samples were of American manufacture.

In some instances the acid proves almost instantly fatal. I should say within a few minutes, without any marked symptoms, other than entire loss of sensation and consciousness. In others, there is quickly induced loss of sensation, and motion, the face becomes livid; the jaws closed and fixed the eyes prominent, open, and glaring, pupils dilated, froth frequently tinged with blood, escapes from the mouth; the finger nails are frequently blue, the fingers and toes contracted, the pulse is small or entire-

ly absent, the respiration entirely arrested or convulsive, with comparatively long intervals between the acts of respiration. In a number of cases in voluntary evacuations have been observed. If life is prolonged for some minutes, there is generally violent convulsions. In regard to the time of death from Prussic acid, death takes place usually within fifteen or twenty minutes after the taking of the poison. It has occurred within two minutes. The longest period in any well authenticated case, during which the patient survived, in five hours. This case is cited by Prof. Casper of the University of Berlin. It was in a case of poisoning by cherry laurel water. Page 88 Volume 2d Casper's Forensic Medicine. In this case there were most violent convulsions. I believe it is generally admitted that Caspar has had, on account of his official position, the largest personal observation in cases of poisoning. The next case in regard to time is that known as the Wakefield case, in which death occurred in three hours. It is recorded in Taylor on poisons, London edition, 1859, pages 696 and 664. — The next case is one in which the acid proved fatal in about one hour and ten minutes in St. George's Hospital Reports, 1868, London, page 220, both in this case and the Wakefield case the poison was oil of bitter almonds, and in the last case cited, there were violent convulsions and dilated pupils.

The longest case in which Prussic acid as such, was used, so far as I can find recorded is the Marcool case, in which death occurred in about one hour. (Taylor on poisons, page 639.) In another case death occurred in about 55 minutes. The next case is the one of the seven Parisian epileptics, in which death occurred in 45 minutes. There is a case cited by Bœcker, in which Prussic acid was taken, and death did not occur for thirty six hours. Bœcker himself however attributed the death to the consequences of bleeding and the want of diligent attention. This case is referred to in Taylor on Poisons 664. Taylor does not consider it one of poison by Prussic acid, although it is collated under the head of poisons. I know of no other systematic writer on the subject who cites this Bœcker case, as a case of poison by Prussic acid.

In regard to the symptoms by Prussic acid, as well as the post mortem appearances, I would refer the Court more especially to Tardieu's Medico-legal and clinical treatise upon Poisons. Paris, 1867. This is a treatise upon this subject from an entirely new standpoint, being confined chiefly to the

medico-legal relations of the symptoms and post mortem appearances, the treatise being not exactly on poisons, but rather on the subject of poisoning. I would ask attention to the celebrated Pralet case, which was a case of apoplexy, and in which there was a conviction by poisoning from Prussic acid, based upon an undefined odor, present in the body at the time the analysis was made, the body having been disinterred six or seven days after death; and also, upon some colorations observed during the chemical analysis. An abstract of the case and the reports made to the court, will be found in Christison on poisons, 518, 1845, and Taylor on poisons, 1859, 657, who mentions it as Pralet's case. The entire history of the case and the facts upon which the person charged with the poisoning was finally acquitted will be found in Orfila's treatise upon Toxicology, Paris, 1852, volume 2, page 394, and the epitome found in Christison and Taylor, gives the principal facts in the case, except the grounds of the chemical evidence. These principal facts are (witness here read from Christison, page 518). I might refer here to the principal elements in the chemical analysis, (passed for the present).

Post mortem appearances. The body usually exhales the odor of Prussic acid, the face livid, the body rigid, and frothy matter is usually found around the mouth, these are the principal external appearances. The blood vessels of the brain and the lungs are usually engorged, the stomach is sometimes reddened, the liver spleen and sometimes the kidneys are congested. The latter is so common that Casper states page 63, vol. 2. that "Congestion of the liver, kidneys and inferior cava has been always present." The venous system throughout the body is engorged with blood, while the arteries are empty. The blood throughout the body is usually liquid and of dark color. The brain and internal organs, and more especially the blood exhaless the odor of Prussic acid, In regard to the post mortem appearances, I would refer more especially to Tardieu, 1035, also, to Taylor on poisons, 649, (witness propose to give translation from Tardieu, overruled by court as incompetent for witness to give such translation as an expert to be read to jury. Counsel may read it before Jury in argument. With regard to the import of the staring condition of the eye continuing so long after death, I would refer to Christison, page 596. The staring expression of the eye, is so marked, so peculiar, that it has been claimed by some persons to furnish proof of the evidence of death of

Prussic acid. This condition has been observed in death from other causes.

Tardieu is considered one of the greatest living authorities on the subject, his personal experience being perhaps only second to the late Casper. I mean "on the subject of poisoning, the symptoms and post mortem appearances.

The dark colored fluid blood is the condition in which it is generally found in cases of sudden death; it is not peculiar to death from Prussic acid. It has been claimed in death from Prussic acid, that the blood had rather a peculiar bluish appearance. In cases of sudden death the blood is usually found in a fluid condition, whether from Prussic acid or not. Can not designate any time during which this fluid condition is continued.

CHEMICAL ANALYSIS.

I have heard Prof. Aiken's testimony. For the detection of Prussic acid; we have several tests. The most recent is that proposed by Schroeter, which depends upon a blue color produced on paper, or imparted to paper by prussic acid, the paper having previously been moistened with a solution of guaiacum and sulphate of copper. This test has very recently been proposed, and is said to be exceedingly delicate. As yet, however, I have had no practical experience as to the real delicacy of the test, and the fallacies to which it may be subject.

The silver test consists in the production of a white precipitate of cyanide of silver, when a solution of nitrate of silver is added to a solution containing hydrocyanic acid. The reagent will also produce white precipitates, when added to solutions containing chlorine, (you might substitute solutions containing hydrochloric acid, and chlorine) phosphates, carbonates, or any one of several other salts. The cyanide of silver is readily distinguished from all these white precipitates, excepting that from hydrochloric acid, in that they are readily soluble in cold diluted nitric acid. The cyanide of silver, when present in notable quantity, may be distinguished from the chloride of silver, in that it is insoluble in ammonia. A very small quantity of cyanide of silver might speedily disappear under the action of ammonia. The chloride and cyanide of silver may also be distinguished, by washing, and drying the precipitate and heating it in a tube, having a very contracted, or capillary neck, when the cyanide of silver would give off cyanogen gas, which if ignited will burn

with a rose-colored flame. This test when applied to hydrocyanic acid in solution, will produce a visible reaction, if the solution contains even no more than the one hundred thousandth part of its weight of the poison, and this result may be observed, if only one drop of the solution be experimented upon. The method of distinguishing between the cyanide and the chloride of silver, by heating, and observing whether an inflammable gas is produced, will with care, serve to indicate the one five hundredth part of a grain of hydrocyanic (prussic) acid. The silver test for the detection of the vapor of prussic acid, I shall now refer to. When a solution of muriate of silver is exposed to the vapor of prussic acid, the liquid speedily acquires a white film of the cyanide of silver, which is crystalline in its form, as thus produced. Although there are several other vapors, such as chlorine, iodine, bromine, that may produce under the same conditions a white, or whitish film or deposit, under the action of the test, that resulting from all of these latter, is destitute of crystalline form, *i. e.* amorphous. The crystalline form, therefore serves to distinguish the action of the vapor of prussic acid, from that of all other volatile substances. In this manner, *i. e.* by the test applied in this manner, the vapor from one grain of liquid, containing only the one hundred thousandth part of a grain, of prussic acid, will yield under the microscope, as satisfactory evidence of prussic acid as any other quantity of poison, however large. I mean, it would be as satisfactory evidence of the poison, as a few grains of wheat would be of its character, as a bushel would be. (Plate 4 Figure 2nd. Wormley on Poisons, represents the action of the one one hundredth thousandth part of a grain, as seen through the microscope under an amplification of one hundred and twenty five diameters.) As there is some discrepancy in the books as to the value of the nitrate of silver tests, I might state, that although it has been for a long time known, that when a solution of nitrate of silver was exposed to the action of the vapor of Prussic acid, a white film or deposit was formed, yet so far as I know, that the deposit was crystalline in its nature, was not observed until about 1857. The mere fact that it was crystalline is stated by Taylor in his work on Poisons, edition of 1859. In his work on the Practice and principles of Medical Jurisprudence, English edition of 1865, he enters into some detail in regard to the test. Dr. Guy of King's College London, in the 3d and last edition of his Forensic Medicine, 1868, also men-

tions the fact in connection with this test. With these exceptions, I believe there is no other systematic work on the subject of poisons, excepting my own, that treats of this method of the application of the test. All the facts relating to this test, as detailed in my own work, are the results of a long series of oft repeated experiments, by myself.

I will next consider the iron test. This depends upon the production of Prussian blue; when a solution of Prussic acid is treated with caustic potash, and a solution of proto and sesqui-chloride of iron, hydrochloric acid being then added, to redissolve the precipitated oxide of iron. The only precaution necessary in the application of this test, is that a sufficient quantity of hydrochloric acid be added, to redissolve these oxides of iron, as a precipitate from these may have a blue color even in the absence of the production of Prussian blue. I would refer to my own work page 181, on this point. The Prussian blue, produced from very dilute solutions of Prussic acid, has at first a greenish color, but finally, after many hours, it will subside as a blue deposit, even if only the twenty-five thousandth part of a grain of hydrocyanic acid be present in one grain of liquid. I might say that this Prussian blue is very permanent, and can be preserved for some length of time, as has been done in medico-legal investigations.

The sulphur test. This consists in treating the Prussic acid solution with a solution of yellow sulphuret of ammonium, when sulpho-cyanide of ammonia will be produced, which, after driving off the excess of sulphur by a moderate heat, will strike, or produce, a deep blood red color when treated with the per-salt of iron. From very dilute solutions, this test produces only a faint red, but even one drop, containing the ten thousandth part of a grain of Prussic acid, will, under the action of the test, yield an orange-red coloration. This test may also be applied for the detection of the vapor of Prussic acid. The fallacies attending this test are meconic acid, and alkaline acetates, the former of which will also strike a blood red color, under the action of the test; whilst the latter may produce a coloration, which might easily be confounded with that produced with very dilute solutions of Prussic acid. It, therefore, becomes necessary in all cases to decide to which of these substances the red coloration is due. If it be due to hydrocyanic acid, it would be quickly discharged by a solution of corrosive sublimate, whilst if due to the solution of meconic acid it would undergo no change

under the action of this reagent. Again, the coloration due to hydrocyanic acid, resists the action of diluted hydrochloric acid, whilst that due to meconic acid, and the alkaline acetates is quickly discharged by hydrochloric acid. The books state that this test, when applied to the detection of the vapor of hydrocyanic acid, is free from any fallacies. That is true, upon the assumption that the reagents are free from hydrochloric acid in any form, and from meconic acid and alkaline acetates, which can only, however, be established by direct proof. In this case, so far as I understand the evidence, there has been no proof of the purity of the reagents, and vessels employed. I would further remark, as is well known, the sulphuret of ammonium, if exposed to the vapor of hydrocyanic acid in a laboratory, will speedily absorb the poison, with the production of sulphocyanide of ammonia, the substance in question. I would ask attention, with regard to the purity of reagents, to my work, page 59. In the form of vapor, there would be a marked reaction, with the one ten thousandth part of a grain of Prussic acid; in one grain of water, and in a liquid form with the one twenty-five thousandth part of a grain. One grain of water is equivalent to one drop.

For the purpose of detecting the presence of free hydrocyanic acid, the subject under examination should be placed in a wide mouthed bottle, or some similar vessel, and an inverted watch glass containing a drop of the solution of nitrate of silver: or of potash, if intended to apply the iron test; or of sulphurette of ammonium, if intended to apply the sulphur test, and the glass be allowed to remain for some minutes, or longer it then being removed and examined for a white precipitate, or by the iron or sulphur tests to ascertain whether the poison is present. If either of these tests should now indicate the presence of the poison it would follow that it, the poison, existed in its free state, in the substance submitted to examination, or possibly existed in the state of an alkaline cyanide, for either may be formed. Should this method fail to reveal the presence of the poison, the suspected substance might be introduced into a retort, taking care, however, not to add sulphuric acid, and then subjected to distillation at a moderate temperature. After the distillation has progressed until a portion of the fluid has passed over, the distillate, which should be received into a receiver known to be pure or free from any foreign substance may then be examined by the ordinary test. If the

poison should now be detected in the distillate it would indicate that it existed in its free state, or possibly in the form of an alkaline cyanide, in the substance submitted to examination. Should sulphuric acid be employed in the distillation, then hydrocyanic acid would appear in the distillate, whether it existed in its free state in the substance submitted to distillation, or as an alkaline cyanide, ferro-cyanide, or as a sulpho-cyanide. This method of procedure would evolve the poison, whether it existed either in its free state, or that of a simple cyanide, or a ferro cyanide, or as a sulpho cyanide. By a free state I mean in the state we find it in the shops. The alkaline cyanides are about equally poisonous, with free Prussic acid. Ferro cyanide is destitute, or nearly so, of poisonous properties, and is used medicinally. The sulpho-cyanides are either inert, or have no very active properties. From what has been stated, therefore, if the distillation had taken place under the action of sulphuric acid, and even if hydrocyanic acid was found in the distillate, it would be impossible in a chemical point of view, to state that that acid, or poison, existed, as such, in the substance submitted to examination. With regard to the sulpho-cyanides, one of them viz: the sulpho-cyanide of potassium, which would evolve Prussic acid as already stated, exists normally in human saliva, which not unfrequently finds its way, in a very notable quantity, into the stomach. The quantity of the sulpho-cyanide of potassium in the saliva is subject to considerable variation. The smallest quantity that has been discovered is known to be in the proportion of four thousandths of one per cent, the maximum about one-tenth of one per cent.' In other words it seems to form to from one one-thousandth to one twenty-five thousandth part, by weight, of the saliva in its natural state. It is true that sulpho-cyanide of potassium does not contain its own weight of Prussic acid. Thus assuming the constitution of sulpho-cyanide of potassium, as stated by the most or all observers, to be composed of one equivalent of potassium, two of sulphur, two of carbon, and one of nitrogen; then 97 parts of the salt would be equivalent to 27 parts of pure Prussic acid. It is now universally admitted that sulpho-cyanide of potassium is one of the constituents of human saliva. I refer to Lehman's Physiological Chemistry, or Gmelin's Chemistry, and Taylor on Poisons, 633. That the saliva passes into the stomach I believe is not questioned. Some of the most striking experiments upon

this subject are those of Pereira's, vol. 2, 1033, 1854, *Materia Medica and Therapeutics*. It has been already stated that perchloride of Iron, strikes a red color with meconic acid, and Dr. Christison held this red coloration was sufficiently characteristic to prove the presence of that substance, viz: Meconic acid. Professor Pereira contended on the other hand, that the production of the red coloration, was *not* sufficient in itself to prove the presence of this substance—Meconic acid; since the sulpho-cyanides would also produce a red coloration under the action of the iron reagent and, moreover, that one of these Sulpho-cyanides, namely, the Sulpho-cyanide of Potassium, was frequently found in the contents of the stomach. To substantiate his position he examined a number of bodies in the dissecting room, and his results were that in a large majority of cases he found that the saliva and the contents of the stomach would strike a red color, under the action of the Persalt of Iron. He states "the reaction is distinct and unequivocally." In regard to the fact, whether Ferro-cyanides and Sulpho-cyanides will yield Prussic acid in the distillate when distilled with diluted sulphuric acid, I would refer to my work, page 189, where the subject is discussed at considerable length; and, also, to Taylor on poisons, page 680, at bottom of page, where he sets forth, that if the poison be found in the distillate, and no sulphuric acid or any other acid has been used in the distillation, then there is no question but that the poison existed in its free state in the subject subjected to distillation; whereas if sulphuric, phosphoric, or tartaric acid had been added to the mixture, then even if hydro-cyanic acid was not present in the mixture subjected to distillation, but there had been present a ferro-cyanide, which is a medical substance, or sulpho-cyanide which is found in the saliva, then Prussic acid would appear in the distillate. I would remark that you will find it stated by some very good writers on the subject, that sulphuric acid should be used in the distillation. These are works, written before ferro-cyanide of potassium was used as a medicinal agent to any considerable extent, and prior to the establishing of the fact that sulpho-cyanide of potassium was a normal constituent of the saliva, which frequently finds its way into the stomach in very notable quantities. There have been some remarks as to the indications of the discovery of traces of Prussic acid in the stomach, in the course of the analysis, as to whether it indicated a larger quantity

present at the time of death. Although it is a fact that the discovery of a trace of poison at the time the examination is made, is, in itself, no evidence that a larger quantity did not exist in the body at the time of death, yet on the other hand it is, within itself, no evidence that a larger quantity actually *did* exist in the body at the time of death, or that even a trace of the poison was present at that time. The presence of the poison, in a larger quantity or any of the poison at all, can only be established by the symptoms, *post mortem* appearances and attending circumstances. Moreover if in the case of hydrocyanic acid, sulphuric acid has been added to the mixture subjected to distillation, and even granting the presence of the poison in the distillate, there is, from a chemical point of view, no evidence that a trace of hydrocyanic acid, as such, existed in the substance submitted to distillation. What was the source of the poison, under these circumstances, could only be determined by an examination of the suspected liquid, or matter, prior to the addition of the sulphuric acid. The moment that sulphuric acid was added, it put it beyond the range of chemistry, in case Prussic acid was discovered in the distillate, to determine whether the poison existed as such, in the stomach, or whether it was derived from some of the substances already named.

If, as I understand, sulphuric acid was added to the subject subjected to distillation in the analysis of Prof. Aiken, I would not, for the reasons stated, consider it sufficient for an ordinary examination, I should certainly be unable to say whether the matter subjected to distillation contained a trace of Prussic acid.

Morphia is by far the most stable in its character, Prussic acid being unstable and liable to undergo decomposition. Stats claimed to have detected morphia thirteen months after death, (Taylor on poisons, 634; Tardieu, 902.) The longest period after death that Prussic acid has been discovered is seventeen days.

Taylor on Poisons 625, states that he has preserved meconate of morphia, in contact with organic matter for fourteen months without decomposition, "Strong opiate mixtures" is Taylor's expression. I know of no cases or series of experiments, upon the subject of the counteraction or retardation of Prussic acid by the use of Morphia. I have examined the books somewhat at length and have been unable to find a case of compound poisoning by Prussic acid and Morphia. Tardieu speaks of that subject and

states that it would be impossible to know what *would* be the result of the administration of two or more poisons; with which my experiments fully coincide, and with which opinion I fully agree.

Morphia has been frequently detected in the stomach. I have detected it in the human stomach, on several occasions, and in a great many instances, in the stomach of inferior animals, upon which my experiments have been made.

I am a regular graduate of a Philadelphia School of Medicine, and did general practice for a few years. Then I turned my attention almost exclusively to the study of the effects and chemical properties of poisons, relinquishing general practice. In the study of the subject of poison, my attention was directed to the symptoms, post mortem appearances, the time in which poisons proved fatal, endeavoring by every means to learn the most rapidly fatal, most prolonged cases that had been recorded and reported under the action of each of the principal poisons. The greater part of my time has been devoted to the study of the chemical properties of poisons, studying the exact time and the fallacies attending the various tests that have been proposed and adding many new tests, and studying their fallacies and limit. The whole of the chemical part of my work on the new chemistry of poisons is the result of direct and oft-repeated experiments.

Cross-Examined:

I have received two hundred dollars from the defendant here, and expect nothing more. That includes my expenses. I have been promised no more in any event. I have it laid down in my book that the action of one poison may be modified by the presence of another. I can't say how it may modify. To what extent or how, is a region not established in the case of any two poisons I know of. Reads from page 503 of Wormley's work. It is a fact that the tests for the discovery of morphia are inferior in delicacy to the tests for some other poisons. It is a fact a person may die of a very large overdose of poison, and no trace of it be discovered at the time of death. In case no emetic had been used we would expect the presence of the poison. If it had been used we could account for its disappearance. Emetic to be taken after the poison, or the stomach pump had been used. This would in a large measure explain its absence.

Q. Do not the books show that a few days suffice to dissipate all traces of the poison from morphia or opium, &c.?

A. There are cases on record of that kind.

In a great number of cases, especially in the older cases recorded, there was a failure to detect the poison a few days after death. Five hours is shortest space of time in which traces of morphia were dissipated after death. The next shortest time I can't recall.

Re-Examined-in-Chief.—For certain quantities the test of morphia is as certain as for other poisons.

WM. KENNEDY, *re-called.*

Heard Dr. Herman's testimony on the hearing of the habeas corpus; I took notes at the time; the Doctor said "they, or some one told me she had taken morphia. From the condition of her eye or eyes I did not think that was the case;" as near as I can now remember, such was his language as taken down by me, and printed in the *Volunteer*; he also said "I could not say, or I did not think (can't remember the exact expression,) she died from narcotics;" I refreshed my recollection by reference to my paper a few days ago.

DR. C. WORTHINGTON, *re-called.*

A day or two after Dr. Schoeppe's return from Baltimore, after the funeral, he came to the store, and I told him of the rumors that were in town of his killing Miss Stenneke with morphia, and advised him to have the body raised and examined by a chemist, and in that way hush the mouths of the people who were talking; he said that he could not afford to go to that expense to satisfy rumor. If a direct charge was made of that kind he would then endeavor to do it; two or three days after that conversation he asked me if I thought morphia could be found so many days after her death? I told him I thought not, but that Taylor's Jurisprudence was authority, and discussed the matter fully; he asked me where he could get a copy; I told him Mr. Shearer had it, I believed; that same day I think, or shortly afterwards, he brought a copy of Taylor to me; he said if it was possible to find morphia so many days after death he would have a post mortem examination of the body, and a chemical analysis of the stomach, in order to satisfy the people; he said if morphia could be found the chemist would say so, and if it could not be found he would say he could not find it for that reason; that, he said, would have no effect towards clearing the minds of the people, or satisfying them as to his guilt or innocence.

I examined saliva; precipitate a blue color; do not know what it was; treated it with glycerum and a solution of sulphate of copper.

J. D. ADAIR, *re-called*.

Dr. Schoeppe, before he went to Baltimore with Miss Stennecke's body, wore a felt hat, with soft crown and stiff brim, turned up at the sides; I never saw him wearing any other kind of a hat except a straw one, and a German student's small cap; I saw him almost every day.

FREDRICK SCHOEPPE, *sworn*.

Am father of the defendant. He wore a round hat before he went to Baltimore, close fitting, with soft crown. He never had a high, silk hat before going to Baltimore. He brought a silk hat from Baltimore. The hat was too large and I took it. The Dr. bought another at Callio's. I can't tell when he got the hat from Callio's.

Defence closed 10 A. M., Friday morning, June 1, 1869.

Dr. CONRAD here explains, when asked the question by counsel for the defence, whether I remembered a case in Bright's disease where fluid did not exist in the cavities, my answer was I did not remember one. Since that time I have remembered a case, and on referring to it find it so stated that it does not exist, *i. e.*, these fluids in the cavities; I feel it my duty to state to the Court and informed Mr. Hepburn and the other counsel of the fact.

Defense now offer, under permission of the Court, a receipt in the hand-writing of Miss Stennecke, dated January 14th, 1869, at Carlisle, and signed by Dr. Schoeppe. Receipt read, as follows:

CARLISLE, Pa., Jan. 14, 1869.

Received of Miss M. M. Stennecke one bond, of the State of Missouri, of one thousand dollars, (\$1,000,) date 16th day of October, 1858, (No. 979,) city of Jefferson, being part of the amount of five thousand dollars, the sum agreed upon by Miss M. M. Stennecke and D. Paul Schoeppe, to be paid to D. Paul Schoeppe by Miss M. M. Stennecke, under the proviso that Miss M. M. Stennecke, has (by this contract for marriage) the entire control, possession and right to her own estate, personal and real, and to the management of the same.

(Signed,) P. SCHOEPPE.

Defence closed finally at 11.07. A. M., on Tuesday, June 1, 1869.

REBUTTING TESTIMONY.

Dr. CONRAD, *recalled*.

I saw nothing in this softening, at that point spoken of, to lead me to believe that it differed from the general softening of the brain; at the time it occurred I believed it

to have been caused by dragging upon it, and I held the brain in my hand before I cut the communication of the medulla with the cord; at the time I believed it to be post mortem, and have seen no reason to change my mind since.

Mrs. MARY PARKER, *recalled*,—I took hold of her hands each one, put them in mine; her hands were both warm; her face felt natural, some perspiration on it; I made no examination to discover the temperature of different sides of her face; her hands felt as her face did: at twelve o'clock was the last time I remember feeling her hands.

Cross Examined:—It was in the morning when I went in after six; did not feel her side at all.

Mrs. LAVINIA SHINDEL, *recalled*,—Examined her face; can't say that I felt both cheeks; felt one side of her forehead; I am not positive whether I felt her right hand or not; felt her left hand; found it warm; felt it more than once during the day; several times; it was always the same temperature.

Cross-Examined:—Do not remember feeling her hands after three o'clock; it might have been after dinner, it was the fore part of the day; could not say positively that I felt her hands after dinner; I would not say positively that I ever felt her hands after dinner; I would not say positively that I ever felt her right hand; dinner hour is one o'clock; she was reclining to the left side; it was the left hand; the one on the outside of the bed; I felt the lower hand.

C. L. LOCHMAN, *recalled*,—Felt both hands and wrists; in the morning about 7 o'clock; felt her face; it was naturally warm; I thought, natural moisture.

Cross-Examined:—It was in the morning, between 7 and 8 o'clock; did not examine in the afternoon.

Mrs. MARY COMFORT, *recalled*:—I went there at 6½ o'clock the evening Miss Stennecke died; I found the entire body warm; the entire body was moist; she was dead when I came to the room; I undressed her and dressed her; the clothing was damp with perspiration.

Cross-Examined:—Her feet were warm.

Dr. J. J. ZITZER, *recalled for Defence*.—If there was a general softening of the brain it would indicate that the person might have died from disease; if decomposed that would be a different thing; softening would indicate a pre-disposition to congestion, and the brain of course, could not resist the force of the circulation of the blood, and be the

cause of apoplexy; I refer to Wunderlich's Pathology, vol. 3., page 574.

The Counsel for the Commonwealth, preparatory to the argument before the jury, submitted to the Court the following chemical and medical authorities upon the subject of poisons, symptoms and post mortem appearances, from which they design quoting the course of discussion.

Taylor on Poisons, Edition 1848, pages 643, 544, 545, 559, 43, 482, 494, 495, 496.

Wormley on poisons, pages 503, 49, 52, 40 and 186.

Casper's Forensic medicine, London Edition, 1869, volume 2, pages 67-8-9 and 62.

Christison on poisons, pages 559, 549. 64 and 740.

Flint's Practice of Medicine, pages 83, 726.

Wharton & Stille's Medical Jurisprudence, page 477, sec. 712, pages 488, 491.

Dalton's Physiology, Ed. 1861, page 108.

Taylor's Medical Jurisprudence, 7th edition, 1861, pages 151, 157, 164; 8th edition, pages 181-6, 172, 166; Ed. '61, pages 31-2-3.

The counsel for the defense cited the following chemical and medical authorities, upon the subjects before mentioned:

Wharton & Stille's Medical Jurisprudence, sec. 706, page 485; sec. 711, page 488.

Casper's Forensic Medicine, vol. 2, pages 62, 88, 63, 47, 49, 51 and 68.

Pardieu's Medico-Legal and Chemical Treatise on Poisons, pages 1033, 1035, 874, 910, 914, inclusive, and 902.

Taylor on Poisons, American Ed., pages 524 and 137.

Taylor on Poisons, London Ed, pages 663-4, 657 and 680.

Wormley on Poisons, page 186 and 185.

American Journal of Medical Science, of Jan., '69, page 37.

Taylor's principles and practice of medical jurisprudence, London Edition, 1865, page 343.

Gmelin's hand-book of chemistry, page 12.

Peireira's, Materia Medica and Therapeutics, pages 1033 and 785.

Flint's practice of medicine, 565, 739-40 and 72.

Bennett's practice of medicine, pages 120-1.

Wood's practice of medicine, volume 2, page 619-20.

Niemeyer's Pathology, 2d volume, Edition of Berlin, 1868, pages 194 and 212.

Com. Legal Authorities—3 Greenleaf, volume 3, sec. 135, page 114.

Burrill on circumstantial evidence, page 389-90.

Roscoe, criminal evidence, page 658.

Wills on circumstantial evidence, Edition of 1857 Top page 203, 204.

Wharton on Homicide, 329.

Wills on circumstantial Ev. Law, hil, Ed. page 200, 201, 221, 231-32-33.

Mr. J. SHEARER in his remarks to the jury, said in substance, that he congratulated the jury upon the rapid approach of the termination of this trial, and that they could look forward to an early discharge from their tedious duties. The counsel for the Commonwealth in his opening said to you that if you entertained a reasonable doubt as to the guilt of his client, under the benign provisions of the criminal law, it was your duty to acquit. Such was the law; but the Commonwealth would show that there could be no doubt in this case, which was one of a class not peculiar to the United States. Poisoning was a crime perpetuated in Italy, France and Germany, and is not common to America. It was a late German importation which might be regarded as one of the essential leading features of this case.

If we might judge from the levity of the prisoner, and his gay conduct, it might safely be assumed that he had in his mind the case of Castaing his compeer in guilt, where, by the skillful administration of poison its presence failed to be detected. Year by year advances are made in the science of chemistry, and the administrations of poisons, and now they can be looked back upon and regarded as the mile stones marking out its progress.

Mr. Shearer here took up the occurrences the day prior to Miss Stennecke's death, the presence of the Doctor at her room, the purchase of Prussic acid from Dr. Worthington, the condition in which Miss Stennecke was found in the morning of the 23th of January, the symptoms attending her death and the testimony of Drs. Conrad and Ridgley, who made the post mortem examination.

He then said "in laying down the line of his argument he would follow the course marked out by his colleague when the legal authorities were submitted to the court. It was not necessary to prove the particular kind of poison employed, and all that is was incumbent upon the prosecution to show was, that death resulted from poison, that the prisoner had the opportunity, and the motive to administer it. The theory of the defendants counsel was that death resulted from natural causes, but this was disproved by the testimony of Dr. Conrad and his as-

sistants. The commonwealth contends that from compound poisoning the death of Miss Stennecke was caused, following the case of Castaing. The defence say that death resulted from apoplexy, but we show that the symptoms were not those attending this disease. They next say that it might have been kidney disease, as described by Flint's practice, but the symptoms are not those as laid down by him. Their theory that it was from nervous apoplexy is disproved by the testimony of Dr. Robinson, their own witness, who says it is now conceded by the majority of medical men that there is no such disease.

The relative merits of Profs. Aikens and Wormly were then discussed, and the conduct of Prof. Wormly, criticised. Said the speaker. Truth is the main object of inquiry, yet we find Prof. Wormly standing here in the double capacity of chemist and counsellor. In his testimony he lays down certain scientific truths, but in his book, published before this trial he flatly and directly contradicts himself. Medical and scientific works from which we have read, also contradict him, showing scientific deductions which have passed the ordeal of time. But says the Professor, Prussic acid may be present in the stomach, contained in the saliva, but Dr. Aiken tells you that there was *nothing* in the stomach, and as a consequence away goes Prof. Wormley and his spittle."

MR. SHEARER here took up the testimony of Mr. Burkholder, L. Smith, Mrs. Parker and other witnesses, as to appearances of Miss Stennecke when they were summoned to her room, arguing that the symptoms and appearances did not indicate apoplexy, but its total absence; the testimony showing the conduct of Dr. Schoeppe about the hotel, the different hours he was there; Miss Stennecke's weakness on the evening of the 27th of January, when she could not be kept awake by the chamber made, Dollie Turner, that between 9 and 10 o'clock the same evening she could not be aroused by loud knocking at her door, and yet under these circumstances the Dr. told some of the witnesses that she talked to him about the eclipse of the moon, and asked for something to put her to asleep, when she could not be *kept* awake. The Dr. then put her to sleep, and she never awoke save in eternity.

On the subject of poisoning by Prussic acid; "the possession of it by the prisoner was proven, the defence say that he procured it from Dr. Worthington, it was not good, and that the prisoner had given 2, 5

and 10 drops to somebody and it did not produce sleep, that he called at Dr. Worthington's and said it was not good, that the druggist would send for some if he wished it, but saying that an agent would be around in a few days, the prisoner remarked he could wait. "The singular feature about this was, that a woman who had been wanting to go sleep, as alleged by the defense, had taken this diluted acid, and failed in its intended effects, and yet the prisoner could await an indefinite time, for days, until the druggist could await the arrival of an agent. The woman whom they said had taken it was called, and not asked if she had taken Prussic acid, or if she wanted anything to make her sleep. No she did not take Prussic acid, but Prof. Aiken found it in the stomach of Miss Stennecke. We prove that the prisoner went to Harrisburg for an additional supply, and as an evidence of his guilt he does not deny it. They could show if he was not there, where he was. Dr. Herron says he can not be mistaken as to the prisoner's identity, but did not know him without his hat. The difference is between the *appearance* with a hat on and with it off; and not as to the wearing of another kind of hat. The defence said he had not a high hat before he went to Baltimore, but a criminal would have adopted this very disguise, or something similar, when he made his calculation for perpetrating this murder.

As to the motive of the prisoner. They were clear. The temptation was the money of Miss Stennecke, and as evidence of the villany of the prisoner we produce letters written by him in which he tried to impress upon her his religious character, and his affection for her; we show that he had a will purporting to have been made by her, giving him all the property. What good is a will during life? His counsel say the will was genuine, and that it would show a stronger motive, than if a forgery; we were not permitted to show it *was* a forgery, but we take the argument of the opposing counsel. From the receipt, it appeared that the prisoner received \$1000, as part of \$5000, in consideration of a contract of marriage. Marriage! did this gay young man, in whom the passions of youth are strong, want this old woman's body, or her money? Was his conduct that of a lover? Did his smirks and smiles during the detailing of the evidence of the post mortem examination, indicate the affection of the lover?

Do not allow justice to be defeated. You have the intelligence, and discrimination to track the prisoner through his tortuous path.

with an inverted evaporating dish, on the inside of which a few drops of sulphide of ammonium had been placed. The lower dish was then heated, that would have volatilized any prussic acid present in the distillate. The vapors of this, coming in contact with sulphide of ammonium, are converted into sulpho-cyanide of ammonium, which, when freed from the excess of sulphide of ammonium (which Dr. Aiken omitted to do) gives with sesquisalts of iron a blood-red, or in very dilute solutions, a yellowish red color.

To determine whether any sulpho-cyanide of ammonium had formed, Dr. Aiken removed the cover and added a few drops of sesqui-chloride of iron, which gave a red color. Dr. Aiken's words are: "The result of that addition was the production of a red color, a faint red color—all these colors were faint. That red color again confirmed the conclusion from the production of the blue color; that red must have been produced as a consequence of the prussic acid in the liquid, to which I applied the test."

He further says: "From what is known of the nature of prussic acid, its unstable character, the presence of prussic acid in the liquid I examined, makes it perfectly certain to my mind, as a matter of opinion, that a much larger quantity must have been present in that stomach ten or twelve days before. What I found was a mere residue of the original amount."

The other portion of the stomach and intestines was examined for all the mineral poisons, such as preparations of arsenic, lead, mercury, antimony, and vegetable poisons. Dr. Aiken says: "I more particularly looked for *morphia* and strychnia, and would have found any others, were they present. I didn't find any vegetable alkalis or mineral poisons."

Dr. Aiken has never before examined a subject in a criminal case for the presence of prussic acid.

This is substantially the chemical evidence of Dr. Aiken, which in all its important points we have given in his own words.

On such evidence Dr. Schoeppe has been convicted of murder in the first degree.

We now propose to enter more fully into the details of the chemical evidence. We do not intend to cite all the methods, which could or should have been adopted. We only confine ourselves to such essential points as have a direct bearing upon this case.

Before we discuss the erroneous conclusions arrived at by Dr. Aiken, we shall briefly survey the manner in which he has made this important investigation—an investigation on which a man's life and fair fame depended. We are painfully astonished to think that a person, who claims to be a man of science, a Professor of chemistry and especially of medical chemistry, of 38 or 39 years standing, could have conducted so grave an investigation with such utter carelessness and such guilty negligence.

The *first* rule in legal investigations is, never to employ any apparatus, which has been previously used in the laboratory, *secondly*, to prepare afresh all the chemicals requisite for the examination, or, at least, to carefully test the purity of whatever re-agents are to be used in the case. Dr. Aiken confesses that he never before had examined a subject in a criminal case for prussic acid, an assertion, of which his investigation is the best evidence; therefore, before undertaking it and thus jeopardizing by his inexperience the life of a human being, he should have known it to be his first and most imperative duty to make himself fully acquainted with the manner, in which such investigations must be conducted. He should have known that every precaution should have been adopted to guard against even the possibility of error, and he should have given the Court a full and minute description of what he had done, to secure that all important end. But his evidence shows no trace of such humane precautions, notwithstanding the admission that "he deduces his conclusions from known facts," which, as he goes on to remark, "may or may not be cor-

rect," (rather a contradiction) "and that he is not infallible," he declares that "if he were the Jury, he would convict!" (Baltimore testimony).

Granting that Dr. Aiken understands how to make the tests for the different substances, and that he really obtained the colorations of which he speaks, it is difficult to ascertain from his testimony, where the *traces* of prussic acid, which he noticed, have come from, whether from his re-agents or from the decomposition of substances, *naturally* contained in the stomach.

Caustic potash, a re-agent, which very frequently contains cyanide of potassium, resulting from nitrogenous substances, a hair for instance, which may have fallen into it during the process of its manufacture, is employed in the iron test. The presence of the merest trace of cyanide of potassium in the same, would produce the blue coloration, which he describes.

Sulphide of ammonium absorbs prussic acid with great eagerness. According to his own testimony, Dr. Aiken regularly shows to the medical students the reactions for prussic acid, hence the sulphide of ammonium, which he employed in his sulphur test in the case now before us, was very likely the same, which in previous experiments has already been brought in contact with vapors of prussic acid, and hence may have contained enough sulphocyanide of ammonium to produce with sesqui-chloride of iron the faint red coloration.

But let us suppose that his re-agents were pure, then the question arises, are there no other sources, from whence the faint traces of prussic acid, recognized by him in his distillate from the stomach, could have arisen. It is a well known fact that the animal organism, which is composed largely of nitrogenous matter, is capable of forming various compounds containing cyanogen—the radical of prussic acid. These, when distilled with sulphuric acid, invariably yield *prussic acid*.

The so-called sulphocyanides of potassium and sodium are not only *constant* constituents of the saliva, but a *very frequent* one in the stomach, especially, when it is in a *deranged condition*. (See Leopold Gmelin's Handbuch der Chemie, vol. IV, also vol. VIII. containing Phyto- und Zoochemie von Dr. Lehmann and Dr. Rochleder, also Ure in the N. Quart. Journal of Science VII. and Frerichs in Haeser's Archiv X.)

But not only are sulphocyanides found in the human organism, but other cyanogen compounds, probably ferrocyanides, also exist, which with iron salts form prussian blue

Julia Fontenelle (Journal de chem. med. I. 330) states that a boy, who had swallowed ink—a substance containing a large percentage of iron—for several days passed prussian blue in his urine;—a similar case is that of a little girl, who received as a medicine daily six grains of "aethiops martialis," (Proto-sesqui-oxide of iron) and whose urine was blue from the presence of prussian blue. (Gmelin's Handbuch, VIII. 390.)

How necessary it is to provide against errors, resulting from the presence of ferrocyanides in the stomach &c., is shown in the Handwörterbuch der Chemie von Liebig, Poggen-dorf and Wöhler II. 413, from which we quote: "In criminal cases, where the contents of "the stomach and rectum are to be examined for prussic acid, a small quantity of phosphoric or tartaric acid should be added (if they are not already acid) when by a *previous* "examination it has been already ascertained that the mass or the filtrate from the same, "do not produce prussian blue by the addition of a sesqui-salt of iron, which would indicate "the presence of ferrocyanide of potassium."

Not only do these compounds containing cyanogen exist in the human system, which on distillation with sulphuric acid would readily yield prussic acid, but other nitrogenous matter, such as glue, cartilage &c., which, if distilled with powerful oxydizing agents

would yield prussic acid. (Schlieper in Ann. Chem. Pharm. LIX, 1—32 and Guckelberger in Ann. Chem. Pharm. LXIV, 39—100; also Hoppe in Gmelin's Handbuch VIII. 453).

In fact prussic acid is one of the general products of the decomposition of nitrogenous organic bodies.

From these data it becomes evident that the greatest care should be used in the examination of a stomach &c., for prussic acid, so that no minute quantities are produced by a careless investigation, *as undoubtedly has been done by Dr. Aiken.*

Dr. Aiken without first satisfying himself as to the purity of his apparatus and re-agents, without taking the trouble of testing, whether the stomach and intestines did not *already* contain cyanogen compounds, cut them into small pieces, which he mingles together and distills with *sulphuric acid*, notwithstanding that a doubt already existed about a portion of the intestines.

What was the result of this examination for prussic acid? Naturally enough the sulphocyanides, existing in the stomach were decomposed and yielded a trace of prussic acid—the quantity was so small however, that the so-called iron test gave only “a blue color, a faint trace of blue,” but no *precipitate of prussian blue*.

If we investigate, what the real meaning of this reaction is, we find that, according to A. Taylor (Ann. Chem. Pharm. LXV) a liquid containing more than one—seven hundred and eighty sixth ($\frac{1}{786}$) of a grain of prussic acid gives a reaction of prussian blue with the iron test. More recent investigations however show, that this reaction is far more delicate and that, if in a liquid there is the one-twenty five thousandth ($\frac{1}{25000}$) part of a grain of prussic acid, a precipitate of prussian blue will be formed after many hours standing (I. G. Wormley's Micro-Chemistry of poisons).

Similar results gave the so-called sulphur test. Overlooking some inaccuracies in his descriptions and believing that Dr. Aiken has done all the needful to obtain a correct result, we will only examine what his result was.—This was “the production of a red color, a faint red color, all these colors were very faint.”

A. Taylor (l. c.) says that by this test prussic acid can be distinctly shown in a liquid, containing one-threc thousand nine hundred and thirtieth ($\frac{1}{3930}$) of a grain, according to Wormley one-twenty-five thousandth ($\frac{1}{25000}$) of a grain of prussic acid in a liquid gives a marked reaction.

The evidence elicited from the examination of Dr. Aiken amounts therefore to the following:

He utterly failed to prove the presence of free prussic acid in the stomach, but produced a minute trace of the same by gross negligence in distilling the stomach and intestines with a powerful acid, which decomposed the cyanogen compounds, naturally found in the human system.

He observed that “a much larger quantity must have been present in that stomach ten or twelve days before,” and says: “What I found was a mere residue of the original amount.”

How can an honest and conscientious expert make such an assertion? In our opinion he has no right to indulge in suppositions, to state that things have existed, which he was unable to find, and from his own shallow inferences assert that, their past existence in larger quantities sufficed to produce death, or injury to life.

As to Dr. Aiken's remarks that prussic acid is a substance of very unstable character, and therefore could not have existed in the stomach, &c., ten or twelve days after death, we have to offer a few observations. In the first place *perfectly pure* and *very concentrated* or *anhydrous* prussic acid is unstable, whilst the *dilute* acid can be kept for a very long

time without alteration; therefore, if it *had* existed in "much larger quantities," Dr. Aiken would have found it.

West (Taylor's Medical Jurisprudence) was able to detect it by the odor, the iron and silver test twenty-three days after death, although no pains had been taken to insure its preservation, and not more than $\left(\frac{4}{10}\right)$ of one grain could have been originally in the stomach. Brahme of Tours, (Taylor's Med. Jur.,) states that prussic acid had been found in the stomach three weeks after interment. Taylor proved the presence of $\left(\frac{1}{17}\right)$ of one grain of prussic acid in a stomach which was completely putrified.

On the foregoing points and observations we base our denial of the existence of prussic acid in the body of Miss Steunnecke.

We will not enter into any discussion with reference to the existence of morphia, because the chemical expert for the Commonwealth declares in the most emphatic language, "I more particularly looked for morphia and strychnia, and would have found any others were they present. I did *not* find any vegetable alkalis or mineral poisons."

This embodies all that we deem it necessary to say with reference to the chemical evidence against Dr. Schoeppe, and upon which he has been convicted!

Fuller details may be found in the excellent testimony given by Professors Wormley and Himes.

Turning our attention to the medical evidence of this case, we have to make the following observations:

At the time Dr. Conrad made the post mortem examination of Miss Stennecke, her body showed scarcely any signs of decomposition. Dr. Conrad describes her face as saffron colored, shoulders rather livid, and other parts of the skin marked with a few greenish spots, intestines pale and of a healthy appearance; not as much odor as could be expected from the time of inhumation. In the careful removal of the brain, the Doctor states that "the fourth ventricle was torn through by its softening before the cord was cut, which attached it to the spinal column."

Dr. Ridgley corroborates his statement in regard to the partial softening of the brain, but is unable to specify its seat.

In a further hearing Dr. Conrad declares this partial softening as a *post mortem* change, but fails to mention any characteristic signs, by which to prove his assertion, although this lesion, which he evidently did not appreciate, is of the highest importance. The integuments as well as the internal organs of the body showed but inconsiderable signs of putrefaction. According to Casper, (Handbook of the Practice of Forensic Medicine, Sydenham Society Ed. London, 1861, l. 48.) the brain is the eighth in the order, in which the organs of the body soften after death, and according to Beck, (Elements of Med. Jurisprudence, Philadelphia, 1863, ll. 51.) the brain requires at *medium temperature several weeks* to pass into a state of putrescence; moreover, the brain at the beginning of putrefaction loses considerably of its volume, and evolves an extremely fetid odor; therefore in consideration of these facts, and especially of the *low* temperature prevailing at the time, we are obliged to exclude in this case the idea, that the softening of the brain was a "post mortem" change. On the contrary, we must insist upon the conclusion that the partial softening of the brain found at this autopsy was a pathological appearance. This is the more likely, as softening of the brain always appear as *local* lesions, whilst the decomposition of homogeneous tissues is *general*, therefore a more extended softening of the brain should have been found to justify the assumption of a *post mortem* change.

The dissection, to which Dr. Conrad subjected the brain, sufficiently refutes his assertion.

In one case only can we admit a partial post mortem softening of the brain, viz: if serous exudations during life have produced a maceration of circumscribed parts of the brain by imbibition after death, and even this admission presupposes a pathological change of the brain *before* death, viz: a serous apoplexy, where in consequence of the hygrometric property of the brain the greater part of the effused fluid is absorbed after death. (Natalis Guillot in Grisolle, 8th Ed. I. 776.)

The blood was found dark and fluid, and a large amount of it escaped on opening the cranial cavity, without Dr. Conrad being able to account for its source. It might have come from the sinus of the dura mater, as well as from the sac of the arachnoid membrane, because in the attempt to remove the cranium the dura mater was removed at the same time, and the arachnoidal sac inadvertently opened. Through this careless manipulation an important element in determining the cause of death was lost, and this is the more to be regretted, as in consequence of the generally fluid condition of the blood in the body, the detection of clots in case of hemorrhage between the membranes of the brain, could not be expected. In fact, it is impossible to assume with Dr. Conrad that the blood, which escaped from the cranial cavity, was post mortem blood, for the reason that it was dark and fluid; for all the blood in the body had the same qualities, and consequently, adopting the Doctors mode of reasoning, the whole blood would have been post mortem blood, so that we are led to the very interesting conclusion, that antemortem blood had not existed at all in the body of Miss Stennecke.

For these reasons we must designate the blood, which escaped from the cranium as "*antemortem*" blood.

The examination of the kidneys, as well as that of the urinary bladder and its contents, so important in such cases, has been entirely neglected by the medical experts.

Microscopico-pathological changes of the kidneys are a frequent cause of sudden death, and we must regard it as culpable negligence to omit so important an element in determining the *natural* causes of death.

Reviewing the data of this carelessly conducted and incomplete post mortem examination we obtain the following results:

Hyperaemia of the membranes of the brain, probably an effusion of blood between the latter, (the vessel of the pia mater are described by Dr. Conrad as "gorged with blood," but singularly enough *at the same time in "a flaccid condition"*,) further, fluid in the lateral ventricles and the partial softening discussed above. After having established the above facts, we will now consider the hypothetical case, submitted to the medical experts of the Commonwealth.

The hypothetical case presents the deceased in full health in the street, and occupied with bank business at 9 o'clock in the morning of the 27th of January, but two hours later in the act of vomiting.

The evidence of witness Drew, who testified that he saw her in the same morning, between 10 and 11 o'clock, on the Episcopal church square, is not taken into account. On inquiring after her health, she told him that she felt "very dull and bad," that she had "been eating beefsteak the evening before," and that she "was walking, trying to walk it off." He also testifies that she was a very hearty eater, and that "she frequently complained of giddiness in her head."

Further, the testimony of Dolly Turner is also set aside. Miss Stennecke told her, the Doctor had given her something "to throw the heaviness off her chest." This was between 10 and 11 o'clock on the same morning.

These symptoms, however, are precursory signs of *several* diseases, and in forming an opinion of such a case, are of the highest importance.

In the further exposition by the prosecution, we find that a very important symptom has been omitted, the deviation of the face, and the position of the tongue towards the left side, which has been observed by your witnesses, Mrs. Hannah Horn, Mrs. Lavinia Schindle, Mrs. Mary Parker and C. L. Loehman. According to C. L. Loehman's and Hannah Horn's testimony her mouth was open, and the latter witness observed in the afternoon a profuse perspiration on the right side, but not on the left, also, that her left hand was cold.

From these observations it is evident that the hypothetical case, submitted by the prosecution does *not* correspond with the case of Miss Stennecke," therefore, it is *entirely inadmissible* and *must be rejected* as an *untrue exposition of her condition*.

For this reason and on account of the very incomplete post mortem examination, which had been submitted, the opinions of Drs. Kieffer, Dale, Haldeman, Cornman and Ziegler, not being based upon the actual facts of the case, have no foundation, and therefore, we do not find it necessary to subject them to criticism.

But we cannot pass over in silence the evidence and opinion of Dr. Herman, who saw the patient on her death-bed as a consulting physician. His testimony would be of the utmost importance, if it were possible to admit that he possessed a clear and sound judgment and an unbiassed conception of the case. We shall abstain from re-iterating all his contradictions, and shall dwell only on the following:

According to the testimony of Hannah Horn, Dr. Herman at the bedside pronounced the disease a "stroke," on the witness stand it was first declared to be the result of poisoning by a combination of opium, prussic acid and corrosive sublimate, as in his celebrated poisoning case of a *chicken hawk*; then of poisoning by prussic acid, which he alleges to have recognized from the appearance of the eyes; then again the result of an overdose of morphia, whilst at the hearing of the habeas corpus, he states that he considered it hemiplegia from the contortion of her face to one side, and that he was *convinced* that her death was *not* produced by narcotics. He concludes the series of his remarkable toxicological theories (after having brought into the case some tartar emetic) with the expressed *conviction* that a combination of prussic acid and morphia had been the fatal agent, and advances the extraordinary theory of the *stimulating* effects of morphia in poisoning with prussic acid.

According to his own statement, he has neither seen nor heard of an experiment on the effects of such a combination, yet, he does not hesitate to pronounce under oath on its effects, and to stake the life of a fellow being on the mere reasoning in a case, where experiments alone can decide.

The kidneys, which were not at all examined in the post mortem, and of which consequently *nothing* could be known, Dr. Herman pronounced to have been in a healthy condition!

That such testimony is not worthy of consideration either from a point of truth or of science is undeniable.

It now remains to discuss the symptomatology of the case; this presents the following questions:

1. Is it possible to prove from the post mortem examination and the symptoms a poisoning by *narcotic poisons*, especially by prussic acid and morphia;

2. Do they indicate morbid conditions, sufficient to prove death from natural causes?

We forbear entering more fully into a discussion in regard to the poisoning by prussic

acid, because the symptoms and the post mortem appearances in Miss Stennecke's case were quite different from those of well established poisoning cases by prussic acid. The inadmissibility of such an hypothesis has been fully demonstrated by the evidence of Dr. J. J. Zitzer and Dr. Wormley, also in the exposition of Pralet's case (Orfila *Traité de Toxicologie*, Paris, 1852, II. 364,) and by the most recent experiments on animals by Le-corché & Meuriot (*Archives generales*, May, 1868).

In regard to the question, whether morphia had been used as a poison, we have to state that some of the symptoms, as well as the post mortem appearances in poisoning cases by morphia or opium resemble to some extent those of congestion of the brain and apoplexy. Symptoms, peculiar to poisoning by morphia, were not observed, such as great thirst, (Trousseau and Bonnet in Orfila, II. 217.) itching of the skin without sweat, eruption of prurigo, urticaria, eczema (Orfila II. 217), petechiæ, (Casper II. 62) sometimes fits of spasms, increasing even to general convulsions, the mouth covered with froth, (Casper II. 63.) &c.

The fact also that patients can be aroused in instances of narcotism from opium, when shaken or loudly called until towards the fatal termination, whilst from the sleep of apoplexy this cannot be done, speaks against the supposition of poisoning by opium or morphia (Beck II. 463).

All the other symptoms, observed in this case, correspond with those of apoplexy and are not of pathognomonic character.

The contraction of the pupils for instance, is by no means a characteristic sign of poisoning by morphia, for, most authors on the subject state that they find them as frequently in a dilated condition—(Taylor 131. Bally, *Memoir sur l'opium* 214; Deguise, Dupuy & Levret *Memoire sur l'acetate de Morphine*, Paris, 1824,) nor is the slow, stertorous and irregular respiration a criterion of poisoning by opium, because it is *generally* found in comatose conditions from other causes. The sopor of the patient on the evening preceding the day of her death, is not only a symptom of poisoning by morphia, but also a precursory one to apoplexy, therefore it is not of any decisive value; also the collection of saliva in the mouth and the profuse perspiration are common to apoplectic and comatose conditions.

The post mortem appearances do not afford the least support for the assumption of poisoning by morphia.

We find only the congestion of the brain and the dark fluid condition of the blood. Both these pathological conditions, however, are common to a great number of other affections, and cannot serve to establish any diagnostic proof. (Casper II. 63. Wharton & Stille, 481.)

The congestion of the lungs, which is a common post mortem phenomenon in poisoning by morphia is *not* mentioned.

We wish to observe that the dark and fluid condition of the blood is not by any means a sign of poisoning, as it is *generally* found in cases of sudden death, (Grisolle, I. 704; Beck II. 59,) on the other hand a short time after death from narcotic poisons, the blood is often found coagulated in the veins and ventricles of the brain. (Orfila II. 215.)

Considering all the above points, the absence of positive symptoms in this case, the insignificant diagnostic value of the post mortem appearances and symptoms during life, which are common to many disorders, we come to the conclusion that the supposition of poisoning by morphia must be excluded. The hypothesis of a poisoning with a combination of morphia and prussic acid is without any foundation, neither experience nor experiments aid us in judging of the effect of such a combination; *a priori* it could not be presumed that two *purely* narcotic poisons would counteract each other.

The longest time recorded between taking a fatal dose of prussic acid and death is

one hour. Judging from the similar action of the two poisons upon the animal economy it does not seem probable that morphia would *retard* the action of prussic acid.

As the existence of the two poisons, prussic acid and morphia, has been proved neither by chemical analysis, nor by the post mortem examination or the symptoms observed during life,—we come to the conclusion that neither of them has existed, either separately or in combination.

The question, which remains to be discussed, is, “do the symptoms and post mortem appearances admit of an explanation that Miss Stennecke died of a natural death?”

Proceeding to an investigation of this question we find numerous congestive conditions of the brain, certain forms of apoplexy and apoplectic softening.

1. There are hyperaemic conditions of the brain, in which we notice symptoms of general depression and paralysis, which bear such a striking resemblance, to an attack of apoplexy that it is impossible to distinguish one from the other. Such an attack, in which all the functions of the brain are suspended, may produce death by paralysis, extending from the brain to the centre of the organic nervous system. (Niemeyer, *Lehrbuch der speciellen Pathologie & Therapie*, Berlin, 1868, II, 176.)

In this form there exists a great inclination to sleep, from which in the commencement the patients are aroused with difficulty and later not at all. (Niemeyer, II, 173).

2. That form of apoplexy, which Abercrombie in his great work on diseases of the brain, designates by the name of simple apoplexy (nervous apoplexy) and which destroys life without leaving any trace, not even that of congestion. (Watson, *lectures on the principle and practice of physic*, Philadelphia, 1858, 332; Beck II, 54; Chomel & Grisolle, *Presse medicale*, 1837; Lebut, *Gazette medicale*, 1835.)

3. Effusion of blood into the sac of the arachnoid, which show prodromes, such as headache, giddiness, heaviness of the limbs, and the symptoms of which correspond in severity to the rapidity and extent of the hemorrhage. It is followed by paralytic symptoms and coma, which ends in death. (Grisolle I, 706).

4. The serous apoplexy, which, as we have mentioned in discussing the softened part of the brain, may have acted as a pathological cause of the softening. (Watson, 341. Leubuscher, *Handbuch der medicinischen Klinik*, Leipzig, 1861, 219; Leubuscher's *Gehirn-Krankheiten* 390; Grisolle I, 776).

5. The apoplectic softening, which as such, is most frequently observed in persons over 60 years of age. It offers all the symptoms of apoplexy.

After having remained *latent* for a long time, *suddenly* hemiplegia takes place and coma, which leads to death, (Beck II, 57. Grisolle II, 244; Leubuscher, II, 201; Niemeyer, II, 290)

6. Uraemia, occasioned by pathological changes in the kidneys, frequently causes comatose conditions, which simulate apoplexy (Watson, 232; Niemeyer, II, 27; Flint's *Practice of Medicine*, 744 & 746).

Considering the symptoms of this case in detail, we find that they admit of a natural explanation by the pathological conditions above stated.

A symptom common to narcotic poisoning and apoplectic conditions is sopor, which we observed on the evening preceding her death; this sopor from which patients may be aroused, at first only with difficulty, and later not at all, and which may terminate fatally, we have already mentioned in our exposition of hyperaemia of the brain. The comatose state of the patient, which we find on the day following, is a natural consequence, if the congestion continues to increase or, if it terminates in one of the above mentioned forms of apoplexy.

Frequently apoplexy occurs at night during sleep. In 177 cases of apoplexy, according

to Gendrin, 97 occurred during sleep, and 84 during sleep at night, so that it is not surprising, if a person who goes to bed, suffering from a considerable degree of congestion of the brain, is found the next morning in an apoplectic state.

Regarding the symptoms of respiration, we refer to what has already been mentioned when dwelling on the symptoms of poisoning by morphia. The condition of the pupils is changeable also in congestive and apoplectic affections of the brain, now dilated, then contracted, (Niemeyer II. 173) at other times unequal, according to the involvement of certain provinces of the nervous system, therefore a contraction of the pupils, as already stated, cannot serve as a criterion, either of poisoning by morphia or of apoplexy.

The relaxed condition of the muscles also is a common symptom of apoplexy in its comatose stage.

Besides these symptoms common to both conditions, we have now to consider those, which are pathognomonic of, that is, belonging exclusively to apoplectic forms of disease.

According to the unanimous evidence of four witnesses, there existed a deviation of the face and tongue to the left side. This deviation is the *surest* sign of paralysis, resulting from morbid conditions of the brain. In judging of this form of disease, this symptom *alone* is of such an importance that, in connection with the comatose state, it leaves no doubt whatever in regard to the diagnosis.

One symptom of apoplexy, upon the absence of which the prosecution in its hypothetical case laid some stress, viz: no puffing out of the cheeks in breathing, is easily explained by the fact that the patient had her mouth open, so that the breath could pass through the opened mouth without distending the paralyzed buccinators.

If we bring the post mortem appearances, found in this case, in connection with the symptoms, we can demonstrate almost to a certainty the natural causes of death, which we have mentioned.

The softened condition of one part of the brain, which we have considered as ante mortem, or resulting from pathological changes ante mortem, the congestion of the meninges, the large amount of blood, which escaped from the cranial cavity, for which Dr. Conrad could not account, and which might have been owing to hemorrhage into the sac of the arachnoid, the serous fluid, found in the ventricles, the pathological lesions in the kidneys, which may have existed and the absence of several morbid changes in other organs, often found in cases of poisoning by narcotics, all these together confirm to a great degree the conviction above advanced, that death resulted in a natural way from pathological conditions of the brain.

Reviewing the symptomatology of the whole case we find it to present the following picture.

A woman of 65 years of age, who has been ailing and has been under medical treatment for about two years, who probably suffered from chronic disturbances of digestion, and from some disease of the eyes, (Schoeppe's letter, p. 17) who according to adduced evidence, frequently complained of giddiness, was on the morning of the 27th of January, at 9 o'clock, in the street, transacting bank business. On her way home she complained of feeling "very dull and bad" in consequence of an indigestion, and sends for the Doctor, who probably gave her a vomit, which produced the desired effect at 11 o'clock, half an hour after its administration. She tells the servant that the Doctor had given her something to throw the heaviness off her chest. After vomiting she lies down and is found in bed by 3 o'clock, apparently not very sick. Between 7 and 8 o'clock, P. M., she seems to be very ill and sleepy, gets up, however, and undresses herself with the assistance of the servant: during this time she is soporose and can be kept awake only by speaking to her. At 9

o'clock, P. M., she does not answer to knocks at the door, nor to her name. From this time until 6 A. M., next morning we have no observations. Between 6 and 7 o'clock she is found in bed unconscious, does not answer on being called or shaken, and does not move; she lies on the left side, breathing heavily, noisily and irregularly; the eyes are nearly closed, the mouth is open, with some collection of saliva; tongue and face deviating to the left side, pulse irregular and rapidly growing weaker, feet cold; according to the evidence of one witness the left hand cold, but not the right, the forehead covered with clammy sweat, muscles relaxed. At 11 o'clock in the morning the pupils contracted, head inclining entirely to the left; and thus she lies in an unconscious state until 6 o'clock in the evening when she dies.

We have to add a few remarks.

The age of this woman, 65 years, is that in which congestions of the brain, apoplexies and apoplectiform softenings are most frequently noticed. The giddiness, the chronic affection of the eyes and the dyspeptic conditions, which had existed for a long time are frequently prodromes and partial symptoms of transitory congestion of the brain and of textural changes already existing, but in a certain measure latent, or of functional disturbances of the brain, resulting from a poisoning of the blood, in consequence of pathological changes in the kidneys.

If we consider that an indigestion in a predisposed individual frequently furnishes a cause of congestion of the brain; if we consider that this woman after this attack of indigestion felt dull and heavy and probably took an emetic "to throw the heaviness off her chest;" if we further take into account the strain of vomiting and the mechanical impediment it occasions to the reflux of venous blood from the brain, all of which are capable of producing hyperaemia, or increasing one already existing, we cannot be surprised at the collapse after the vomiting, nor at the sopor following it; this high degree of hyperaemia may of itself produce coma; or an apoplectic attack induced by previously existing lesions of the brain, such as softening, or atheroma of the capillaries, or produced by rupture of a sinus, takes place during the night, coma follows, in which the patient is found the next morning.

The symptoms of the comatose state were all present no matter by what cause they were produced.

The heavy, noisy and irregular breathing, the loss of sensibility and voluntary motion, the relaxed condition of all the muscles, offer sufficient proof for it. If in connection with these there is a deviation of the face and tongue, the picture of apoplexy is complete and unmistakable.

We are justified in abstaining from a positive opinion, which of the various forms of apoplexy mentioned was the real cause of death; it suffices to express our definite conviction, after fully weighing all the data, connected with the case that death did not result from poison, but from one of the above enumerated natural causes.

It is evident from the above:

1. That the chemical analysis of the stomach and intestines of Miss Maria M. Stennecke has proved the absence of prussic acid, morphia and any other poison.

2. That the post mortem appearances and the symptoms of the case exclude death by poison.

3. That death in all probability resulted from one of the forms of apoplexy:

Therefore, we come to the conclusion that the full and careful investigation of all the scientific points connected with this case, has not developed any proofs, by which the

slightest culpability could be fastened upon Dr. Schoeppe, and we join in an earnest protest against the Verdict of the Jury.

Philadelphia, October 11th, 1869.

THE COMMITTEE.

DR. F. A. GENTH.

JULIUS KAEMMERER, M. D.

EMIL FISCHER, M. D.

We the undersigned fully concur in the opinion expressed by the above named committee.

DR. GUSTAV WINKLER.

ALBERT FRICKE, M. D.

JULIUS SCHROTZ, M. D.

THEODORE A. DEMME, M. D.

JOSEPH F. KOERPER, M. D.

CHARLES F. WITTIG, M. D.

CARL BEEKEN, M. D.

HEINRICH TIEDEMAN, M. D.

FROM THE MEDICO-LEGAL SOCIETY OF NEW YORK.

The undersigned Committee, appointed by the New York Medico-Legal Society for the special purpose, having attentively examined the printed testimony in the case of the Commonwealth of the State of Pennsylvania against Dr. Paul Schoeppe, of Carlisle, who was recently found guilty by a jury, of causing the death of Miss Maria M. Stennecke, by administering poison to her, respectfully submit the following report thereon.

From the tenor of the evidence, it seems that the prosecution assumed that the deceased was in the enjoyment of good health up to the morning of the 27th of January, 1869. *See Smith's Testimony, p. 1.* This assumption, however, is not sustained by the testimony, it appearing in evidence that she had been under the professional charge of the doctor during a part of the previous summer, and had corresponded with him about her health from Baltimore just before her return to Carlisle, late in the year. *See letter, p. 17.* By this letter it appears that during her absence from Carlisle, she had sought the advice and care of an oculist in Baltimore, on account of an affection of her eyes, impairing her vision. The same correspondence alludes to the state of her digestive organs in such language as to clearly show that she had suffered derangement of them, and in fact the Doctor's apprehensions expressed in the same letter, that her apparent improvement in this respect might be transitory, seems to have been realized on the 27th of January, when she was engaged in trying to walk off the feeling of oppression consequent upon overeating, a condition which finally led to her taking an emetic. *See Drew's testimony, p. 4 and 5.* These facts as to the general health of Miss Stennecke for a number of months ending January 27th, 1869, when taken into account with the sudden occurrence of serious brain derangement on that day, which finally terminated fatally, are regarded by the Committee, as, under the circumstances to be presently alluded to, very strongly suggestive that renal disease existed. We wholly agree with some of the witnesses in the case, that the symptoms of alleged poisoning presented by the deceased, were all of them those well-known to attend some forms of fatal disease of the kidneys. It is therefore very much to be regretted that the interest of individuals, of science, and of truth, were sacrificed by a neglect on the part of the physicians who conducted the post mortem examination, to examine the kidneys and any urine the bladder might have contained. According to the evidence it appears most probable that an examination of these organs at the post mortem, would have furnished a key to most if not all the mystery which seems to have surrounded the fatal illness of this woman. But this very grave neglect having occurred, we are unanimous in the opinion that a safe judgement as to the real cause of death in the case cannot be formed from the testimony produced. Mr. Hepburn's statement that the "post-mortem examination was not carried to such an extent as would permit any one to say that death did not result from natural causes," is, in our opinion, unquestionably true. *See p. 47.*

The want of the information which the examination of the urine in this case would perhaps have furnished; the omission to examine the kidneys, at the time of the post mortem,

and other omissions to examine vital organs, both by the eye and by chemical agents and especially the neglect to apply all appropriate tests to the substance of the brain, whose affinities for and slow elimination of toxical agents, are so well-known and so readily made available for purposes of scientific inquiry, are omissions and defects which open the way to so much doubt and embarrass the history with so much ignorance, that the question of either accidental or criminal poisoning in the case cannot in our opinion under the evidence, be taken into serious consideration. In this connection, however, we deem it proper to call attention to the status this question of *poison* enjoyed during the trial. His Honor the Judge, in his charge to the jury, upon the points presented by the prisoner's counsel, instructed them to "lay the question of death from prussic acid aside so far as it was affected by the testimony" of the only witness who expressed a reasonable opinion that it was, or ever had been present in the stomach of the deceased. This, it seems to us, effectually settles the question of death from prussic acid, and leaves only that of death from morphine for us to remark upon. But we do not find the slightest proof, either post mortem or ante mortem, that Miss Stennecke took this substance during her fatal illness. As to the purely theoretical and speculative testimony of some of the witnesses, that the symptoms presented during the last hours of life were like those produced by morphine or opium; or like those produced by a combination of those substances with prussic acid, we deem it, under the evidence, as not only totally unworthy of judicial regard, but as in the highest degree disgraceful to the profession which produced it. We would so especially emphasize that of the witness Herman. See p. 8. In respect to the expert testimony of the witnesses, Dale, Halderman, Crowman, Keiffer and Zeigler, we regard it as entirely inadmissible, because it either was hearsay evidence, or testimony based upon the findings of a post-mortem examination which, we have seen, was partial and totally valueless for any scientific or legal purpose. The total failure to detect any kind of poison after death, as well as the entire absence of proof that any kind of poison was administered, together with the fact that the proper means were not employed to ascertain if death did not take place from natural causes, and that the fatal symptoms were not from disease, in our opinion, render conviction upon this indictment impossible.

With this appreciation of the testimony thus far reviewed, the Committee cannot but regard the circumstance of Dr. Schoeppe's interest in the estate of the deceased as most unfortunate; for without that complication, no intelligent and attentive jury could, in our opinion, upon all the other points of the evidence, have for a moment entertained the idea of his guilt. His conviction, therefore, forced the Committee to the conclusion, that in rendering this verdict, the jury failed to properly comprehend the important legal truth so clearly presented by the Court in its charge, "*that motives cannot be used to determine the primary question that a crime has been committed.*" In conclusion we express the hope, that this case may be again laid before a jury, who, though Dr. Schoeppe may have had an apparent motive for the commission of an alleged crime, will not convict him till they first prove that the crime has been committed, (which in our opinion has not yet been done) and then that he committed it, which is still farther from being proved by the evidence thus far offered.

While the Committee are very decided and unanimous in these views as to the proofs offered in support of the charges of the indictment, they feel called upon, by a sense of obligation to defend justice generally, to make the following remarks upon the circumstantial evidence. First, as to the check of \$50, purporting to have been drawn in favor of Dr. Schoeppe by the deceased a short time before death, and presented for payment the day following that event. We regard the testimony presented, as to the genuineness of this

paper, as damaging to the general character of the doctor for truth and veracity: but we are unable to see the slightest reason for the supposition that, if a forgery, it was not committed after the death of Miss Stennecke, and after every proper and faithful effort, in consultation, had been made by the Doctor, to save her life. If we are to be guided by the evidence, he certainly had every rational motive to prolong the life of this lady, for some months at least, for by so doing he would evidently have had less difficulty in obtaining money, than in case of her death. There seems to be no reason to doubt that while alive, she was willing to furnish him with all the money he required to execute any business plans, and that he knew she was so disposed and was able to do so. As respects the will, purporting to have been drawn and executed on the third of December, 1868, we find no more evidence of its having been drawn anterior to the death of Miss Stennecke, than we do that the check was. The only evidence we find aside from the figures on the face of the document, relating to its date, is furnished by the witness Adair, who testifies that either before Thanksgiving or Christmas, Dr. Schoeppe copied a *form of will* from a book lent him for that purpose, by this witness. Whether this copy was obtained during the latter part of November or of December, is therefore uncertain, but to us, that point seems unimportant, for there appears more reason to suppose that it was employed after the death of the testatrix, than that she ever had any knowledge of it. As to the circumstantial evidence therefore, while it is in our opinion very prejudicial to the general character of the accused, we regard it as post mortem in its relations, and not in the least available on the charges of the indictment.

STEPHEN ROGERS, M. D.

J. C. MORTON, M. D.

E. H. M. SELL, M. D.

I. F. CHAUVEAU, M. D.

JACOB SHRADY, L. L. B. Counsellor at law.

From the "Philadelphia Age."

[COMMUNICATED.]

There is no principle either in Law or Morals, which should be more strenuously defended than that which men term Justice. To assert this is merely to give utterance to a truism; nevertheless we are constantly reminded of its importance by the many and grave violations of the principle which are occurring on every side.

We have been led to this reflection from a somewhat careful and critical analysis of a recent criminal case, which occurred at Carlisle, Pa.,—that of Dr. Paul Schoeppe, convicted of the murder of Miss Maria Stennecke, by the administration of poison. Let us, at the outset, be clearly understood as having no interest whatsoever, either personal or otherwise, in any of the parties concerned. We have examined the case purely in the abstract, having as already intimated, carefully scrutinized *the evidence*—chemical, medical, and otherwise; and we have arrived at the conclusion (which has been reiterated by scores of professional men—medical and legal), that this evidence, as detailed in the Report of Trial, has failed to make out the proof of the alleged crime of murder, for which the prisoner now lies under sentence of death.

Our readers are probable conversant with the leading points of the case. The prisoner, Dr. Schoeppe, is a German physician, under forty years of age, apparently well-educated, but poor; practicing his profession at Carlisle, Pa. The deceased, Miss Stennecke, came to reside at Carlisle some months previous; and being an invalid, placed herself under the Doctor's professional care. She was over sixty years of age; and reported to be worth some fifty thousand dollars. It would appear, from certain letters produced in evidence, that this lady had become somewhat *personally* interested in her medical attendant, inasmuch as she presented him with one thousand dollars, besides making mention of a pending marriage contract.

On the day preceding her death, January 27, she complained of feeling poorly, and was visited by Dr. S. several times, who prescribed, among other things, an emetic, which produced vomiting. Throughout this day she was visited by several persons, and as late as 7 P. M. by one of the servants of the house, who testified that she was then too sick to eat her supper, which she had just brought to her. The proprietor of the hotel also testifies that at 9½ o'clock on that evening he rapped at her door to ascertain if she wanted anything, but he could get no answer. Early on the following day a number of persons went into her room, and found her in an unconscious condition, breathing heavily, and incapable of being aroused. She continued in this state up to the time of her death, which took place about 6 P. M., without any convulsions. A short time after her decease, Dr. Schoeppe presented a will for probate, which bequeathed the whole of her property to himself. This will was drawn up, it is alleged, by the doctor himself, in his own handwriting and the two subscribing witnesses to it are the doctor and his own father! This instrument was at once pronounced a forgery by the heirs-at-law; and suspicions, which had already been aroused, now culminated in the arrest of Dr. Schoeppe, and his indictment for poisoning the deceased with prussic acid. The body, which had been buried at Baltimore, was dis-

interred about two weeks after death, a *not* very careful *post mortem* examination was made, and the stomach and a portion of intestine were subjected to chemical analysis by a professor of chemistry of thirty years, standing in Baltimore. The idea (for some unexplained reason) seems to have been entertained that prussic acid was the poison administered, although there was not a single symptom before death which pointed to this poison; neither did the condition of the body after death afford any ground for it. Nevertheless the chemical professor declared on oath, that he had detected faint traces of this poison in the stomach of the deceased.

But this *chemical* evidence is open to grave objections. In the first place, let it be observed that it is a well-established point in medical jurisprudence that the detection of merely *faint traces* of a poison, by chemical analysis, is of very little significance *unless corroborated by the previous symptoms*. This, as we have just shown, was not the case. Again, the analysis itself was faulty in two points: first the analyst neglected to employ the most delicate of all the tests—the *nitrate of silver test*: and, secondly, (and particularly), he committed a mistake in using sulphuric acid in his distilling process. This acid was not only unnecessary, on the presumption of the existence of free prussic acid in the stomach, but it was absolutely faulty inasmuch as it (the acid) has the property of developing the poison in question out of certain inert substances that might happen to be present there: one of which (*sulphocyanogen*) is a normal constituent of human saliva. This fact is, of course, fatal to the *chemical* evidence.

It would seem that the prosecution became sensible of this defect, as they soon abandoned the charge of poisoning by prussic acid, and substituting by the combined use of *morphia* and *prussic acid*. But where is the evidence to substantiate this allegation? It appears to us to be perfectly groundless. One of the medical witnesses, it is true, gave the details of an experiment made on a crow or hawk, by giving to it a combined dose of prussic acid, morphia and corrosive sublimate. He says that the bird died with symptoms analagous to those presented by the deceased. Quite likely; for the symptoms preceding death from various causes are often very similar. This solitary experiment is the only one adduced; and it is not pertinent to the case, since birds are poor subjects to experiment upon with poisons, with a view to deduce physiological conclusions in reference to man. Thus, as has been lately shown by Dr. Mitchell, of our city, it is almost impossible to narcotize pigeons with the largest doses of opium. Again, the analyst utterly failed to discover the presence of morphia in the stomach, although he searched carefully for it. On what ground, then, is the allegation of poisoning by morphia based? Chiefly from the resemblance of the *ante-mortem* symptoms with those which are produced by morphia. But it is well known that the symptoms of *apoplexy* so strongly resemble those of poisoning by opium (morphia), that it is often extremely difficult to decide between them.

Now, we think, that *every* symptom presented by the deceased might very *readily* and naturally be ascribed to an *apoplectic attack*. Her age was favorable to it. She had suffered from previous attacks of pain in the head, and at the post mortem examination, one portion of the brain is described as being in a softened state; besides the general turgescence of the vessels of the brain is a condition very often found after death by apoplexy. To be sure, there was no extravasation of blood in the brain; but this is not invariably present in apoplexy. We may admit that the general fulness of the vessels of the brain corresponds with what is usually seen in death from morphia, and other narcotics, but the great point to be settled is, did the signs revealed by the *post mortem* examination so clearly establish the fact that morphia was the cause of death, as necessarily to preclude the idea that death might

have resulted from a natural cause (*apoplexy*)? Most certainly they did not; and, more than this, several of the witnesses testify that the mouth and tongue of the deceased were drawn somewhat to one side, before death, affording a strong presumption of *hemiplegia*, a very common sequence of *apoplexy*.

But, as was intimated at first, this post mortem examination was as defective as was the chemical analysis. The kidneys and other viscera, together with the spinal marrow, were altogether unnoticed. Now, a medico-legal examination of a dead body—searching for the cause of death—to be of any value, should be *exhaustive*. Every part should be carefully inspected. Thus, for example, such structural alteration of the *kidney* might possibly have been discovered, as fully to account for all the cerebral symptoms exhibited before death.

In view, then of all that has been said of the chemical and medical evidence in the above case, we feel fully warranted in the opinion that it has entirely failed in proving the allegation of poisoning.

With the *moral* evidence we have nothing to do, that can be weighed and sifted as well by the unprofessional as by the professional witness. We freely admit that the *circumstances* are against the prisoner. The *motive* to the crime was sufficiently strong. The *opportunity*, moreover, was a good one. Still, the forgery of the will (admitting the reality) was a most bungling one. One would suppose that no person less than an idiot would think of drawing up such a will as the one in question; written by his own hand; making himself the sole legatee: and attested by himself, and his own father, as the sole witnesses!

But even admitting the probability of the forgery of the will, and of certain bank checks, it is to be recollected that the accused stands indicted and convicted, not of forgery, but of MURDER.

The Court has (why, we know not) refused a new trial to the prisoner; and this individual, convicted purely on circumstantial evidence, backed by a prejudice, the most intense throughout the entire community, and with the strongest probability that the death might have resulted from purely natural causes, is now, in the eye of the law, a convicted felon, awaiting the execution of his sentence of death!

JOHN J. REESE, M. D.,
Professor of Medical Jurisprudence and Toxicology
In the University of Pennsylvania.

Philadelphia.

Commonwealth,
vs.
Dr. Paul Schoeppe.

I have carefully examined the whole of the evidence and arguments in the above case. So far as regards the medical testimony, it is not sufficient to hang a man upon. No poison has been proved, and that should have ended the matter. The misfortune of the Defendant, however, was produced by his written correspondence with the deceased, connected with the Legacy left to him in a will drawn by himself. In addition to this, the omission to show that the will was genuine, which could have readily been done by the father of the Defendant, was an important defect, first, because the father could have explained the matter, and secondly, because his not having been called, left the impression upon the Jury that the will was a forgery. And an ignorant Jury often infers *one crime* from the presumption of *another*.

Truly Yours,

Philadelphia, October 23, 1869.

MEDICO-LEGAL REPORT
ON
THE MEDICAL TESTIMONY
OF THE
SCHOEPPE MURDER TRIAL,
PRESENTED TO THE
COLLEGE OF PHYSICIANS
OF
PHILADELPHIA,
AND
UNANIMOUSLY ADOPTED,
NOVEMBER 3, 1869.

REPORT ON THE MEDICAL TESTIMONY

OF THE

SCHOEPPE MURDER TRIAL,

UNANIMOUSLY ADOPTED BY THE

College of Physicians of Philadelphia, Nov. 3d, 1869.

The Committee on the Medico-legal testimony in the case of Dr. Paul Schoeppe, convicted at Carlisle, Penna., of the murder, by poison, of Miss Stennecke, respectfully submit the following report:

They do not propose to discuss the question of the guilt or innocence of Dr. Schoeppe, except so far as it may be affected by the medico-legal testimony. The moral or circumstantial aspect of the case is not only beyond their scope as medico-legal inquirers, but does not in any degree affect the medical evidence as to the material facts.

If this medical evidence can be shown to be involved in serious doubt, the accusation based upon it must necessarily fail, under all circumstances short of absolute proof, and the injustice to its victim will become sufficiently apparent. Our duty is:

First, To expose whatever fallacies we may discover in the medico-legal testimony on either side of the trial, thus acting in good faith as trustworthy experts.

Secondly, To declare our opinions, as fellows of this College, in behalf of the whole profession whose dearest rights may be in jeopardy, through the action of a Court and jury under the lead of professional witnesses, in what seems to be the mere effect of ignorance and prejudice; and which may be applied with equal power for mischief, if uncorrected, to the destruction of any member of that profession who may become involved in a case of sudden death.

However vital, therefore, the right settlement of the questions of theory and fact in the present case may be in its influence upon the individual; and however much we may sympathize with him in the sense of wrong, if not of danger, we are bound to remember alike our obligations to the community and to the profession—not to defend the one at the expense of the other, but to protect all parties from the liability to such fearful error. If such evidence as we shall presently submit to you is to be accepted as proof of murder, without exposure of its inconclusiveness, and a decided protest against the alarming case with which a few ill-informed and careless witnesses have been allowed to brand a practitioner of medicine as a poisoner because he was subjected to their suspicion, a similar danger may await us all. Nothing but our previous reputations can protect us; and even these may be destroyed by some unfortunate coincidence of circumstances which may be wrested to our destruction. Surely the people among whom such conclusions can be reached, must pay the penalty of their suspicions in the want of confidence between patient and physician, which such horrible contingencies will inevitably foster. We are not the advocates of Dr. Schoeppe; but, for aught that appears upon this trial, the worst faults of this unfortunate man may have been a lack of professional skill, and perhaps of respect for himself and for the dignity of his calling. Yet he is consigned to the gallows because of the sudden death of a patient under his care; and that upon the ill-digested opinions of his professional neighbors; while the few who had been called to car-

rect their mistakes, and instruct the Commonwealth and the jury in his behalf, and for the sake of truth and justice, are ridiculed and charged with pecuniary motives.

It is under this aspect of the case, as having the seeming approval of medical authority, rather than for the sake of an unjustly convicted medical practitioner, who has already been amply vindicated by numerous able defenders, that we are asked to relieve ourselves of our share of the responsibility as physicians of Pennsylvania, in the duty of aiding in the attempt to deliver all parties from the consequences of this extraordinary verdict. If there had been reasonable ground for suspicion of slow poison during professional attendance, or a trustworthy observation of symptoms of acute or active poisoning at the time of death, as shown by the evidence of skilled or unskilled witnesses on either side, we should be very differently influenced in our discussion of the medical testimony. But the radical defects of this testimony for the prosecution are too clearly evident to admit of the slightest hesitation as to their utter insufficiency. In regard to the evidence of the experts for the defence, we are obliged to say, that, under ordinary circumstances among educated and intelligent men, it could hardly have failed to secure an acquittal for want of proof. The chemical testimony on that side respecting errors of analysis, the proper mode of avoiding these, and the true evidence of poison, was all that could have been desired and such as would naturally be expected from its source. The testimony as to pathological questions, also, was in marked contrast with that presented by the Commonwealth. Although it might have been fuller and more decided and satisfactory on some points, it nevertheless afforded ample contradiction to the assertions of the prosecution. In short, the witnesses for the defence are entitled to the thanks of the College for redeeming the profession of our State from a large share of the mortification to which the medical testimony of the prosecution has subjected us.

As stated by the Judge presiding at the trial, the "Commonwealth allege that the death of Miss Stennecke was caused by dangerous and poisonous drugs, by prussic acid or by morphia, or the two combined, administered to her by the prisoner with the intent to destroy life." In order to establish this assertion they had to show :

First, That Miss Stennecke, *although sixty-five years old*, was in good ordinary health.

Second, That Miss Stennecke was seen and found by competent witnesses to be suffering, *beyond a reasonable doubt, and for a reasonable length of time* before her death, from symptoms of poisoning by one or both of the poisons named, or of poisoning by some other poison administered by Dr. Schoeppe, and that she continued to suffer until she died.

Third, That a post mortem examination had shown all the important organs and structures of the body of Miss Stennecke to be free, *beyond a reasonable doubt*, from serious disease; unless more or less alteration of certain parts and tissues had been found to justify, beyond a doubt, the suspicion of the poisoning, and thus to corroborate any evidence afforded by the symptoms before death; or unless the examination had become impracticable through post mortem changes caused by accidental disturbances, the effect of heat, or the length of interval after death.

Fourth, That sufficient traces of one or both of the designated poisons, or of any other poison, had been discovered and displayed, *beyond a reasonable doubt*, by chemical analysis of the body of the deceased; unless the absence from the body of these poisons, or the failure to discover any poison, could be explained by the circumstances of the case, and by the insurmountable difficulties of the examination through post mortem changes and exposures.

As there are two poisons named in the Judge's allegation, others might be excluded from consideration. But, as it would be extremely difficult to distinguish a knowledge of the fact

of the poisoning from that of the nature of the poison; and utterly impossible to do so, beyond a reasonable doubt, there is a propriety in requiring the search in the symptoms, pathological appearances and chemical analyses, for every possible poison, without regard to previous suspicions.

We have already stated that the evidence relating to the attendance of Dr. Schoeppe does not come within our scope. We may call attention to the fact, however, on account of its diagnostic value, that the only medicine proved to have been administered to or taken by Miss Stennecke, was a powerful emetic; and this is shown to have operated not more than three hours previously to the apparent or first discovered onset of her attack.

The *first step* of the investigation—that in respect to health—seems to have been comparatively ignored by the prosecution, as unworthy of attention, although it is obviously a very material point. Whether or not it were necessary to prove that she was in undoubtedly good health, it was certainly important to prove that she was not in bad health; and, at all events, that she was undoubtedly not liable to sudden and serious, and probably fatal, illness, without the intervention of a poison. If there were good reason to doubt whether her previous state of health did not make her more or less liable to rapidly fatal illness or sudden death, then the burden of proof against that doubt was certainly upon the Commonwealth.

The *second step*—that is the proof of symptoms—is, in this case, as must happen in some cases, the only positive step in the trial; since it is that upon which alone the proof of the fact of poisoning can depend.

If the character of an alleged case of poisoning be truly portrayed by definitely clear description of ante mortem symptoms in the testimony of unimpeachable witnesses, whether technically skilled or not; then, unless it can be equally well shown that the ante mortem symptoms put in evidence are as likely, or at least more or less likely, to arise from bodily disease, the belief in the fact of poisoning is naturally justified; and the jury may be governed by the corroborating circumstances in estimating doubts against the prisoner.

If the post mortem or chemical examination have been defective or insufficiently presented in the medical evidence; then the whole burden of the proof necessarily rests and turns upon the pre and ante mortem history of the case as established in the trial; so that if an affirmative conclusion cannot be reached at this stage of the inquiry, the absence of corroborative evidence in the post mortem observations, leaves nothing for the charge of poisoning to stand upon.

The committee propose, therefore, to dwell at greater length on this, the ante mortem portion of the evidence, giving it in greater fulness and detail than will be needed for the third, and especially, the fourth steps enumerated. Of these latter, that is the post mortem examination and analysis, only a brief survey of the leading points need be presented in order to demonstrate the incompleteness of that testimony as corroborative evidence.

In making out their case the Commonwealth, as already intimated, take the liberty of assuming that Miss Stennecke, notwithstanding her sixty-five years of age, was in the enjoyment of good health until after nine o'clock of the morning of the day on which the final illness began. This assumption is proved to be erroneous by a letter (p. 17,) of Dr. Schoeppe, written some months previously to the decease, (and produced by the prosecution for another purpose); also by a witness for the defence, and through the cross-examination of a witness for the Commonwealth, who was related to Miss Stennecke and hence an old acquaintance. From this testimony it appears that she *had long been an ailing woman*; for months past she had been under treatment for dyspeptic symptoms; and had suffered from some weakness or other affection of the eye, on account of which she had placed herself under the care of

an oculist who was reputed to be very successful in curing blindness. She had been heard to "*complain frequently of giddiness in her head.*" She was a very hearty eater, generally taking little things with her from the table to eat between meals, in that way exposing herself to dangers against which Dr. Schoeppe's letter evidently warns her when it reminds her that the improvement which enables her to indulge her appetite may be illusory, and is probably short lived. She was met in the street, after breakfast, on the day before she died, which was the first of her illness, by a witness, to whom she complained of *feeling "very dull and bad,"* and that she was "trying to walk off" what she took to be an undigested supper. Her relative, who had known her the longest, acknowledged that *she was in the habit of complaining of ill health.* Her complaints were regarded by him as "grunting," which he understood to be "complaining without cause!"

It is unnecessary, among medical men, to say much of this pernicious idea of "grunting" in its bearing on the vague, but all the more insidiously destructive nature of the languor, indefinite pains, and discomfords of the mal-assimilation and various other disturbances which attend on the downward progress of constitutional disorder, and cause the wretchedness of the chronic invalid, whether from disease of the kidneys or of other organs and structures. Who has not seen these sufferers from unrecognized disease, whose dangerous condition has been brought to notice only when too late for remedy, and whose lives have been still further embittered by this impertinent imputation of hypochondria or imaginary pain? Is not this ease one of those which teach a lesson of the danger in which a physician may be involved by failure to comprehend the incipient warnings, and the neglect to apprise responsible friends? Let us, at all events, take care in time, lest, by meeting such appeals to us for aid and comfort with indifference or ridicule instead of sympathy and good advice, we do not some day subject ourselves to the charge of ignorance and cruelty, if not of murder, by the sudden termination of a case upon our hands.

The fact of this poor woman's ill health long before her fatal illness—as well as on the day of its onset—of a character bad enough to cause her rejection in every life insurance office—was established beyond a doubt; and hence demanded the scrutinous attention of all the medical witnesses who were called upon to give their opinions as to the cause of her death.

The evidence of unprofessional witnesses shows that she was seen at breakfast, in the hotel at Carlisle, which was her residence, on the 27th of January, 1869. She was at the Carlisle Bank, at some distance from the hotel, the same morning, between nine and ten o'clock; and then seemed to be "in the same state of health she always was," so far, at least, as was "noticed" by the teller of the bank. This is the only testimony as to her state of health produced by the Commonwealth. But it is shown by the defense that, shortly after leaving the bank, she was met on the Episcopal Church square, between ten and eleven o'clock the day before she died, by a waiter who had "attended to her at the table," and had heard her "complain frequently of giddiness in her head." In answer to his question "how she was," she told him "she felt very dull and bad;" "she had been eating beefsteak the evening before, and she was walking, trying to walk it off." Between ten and eleven o'clock again she is seen with the doctor, by the chambermaid, in her room: and asks this chambermaid for a spoon, which is handed to the doctor. After the doctor was gone, and "after eleven o'clock," she thinks, the chambermaid is again called, this time to empty Miss Stennecke's bucket; being told that the doctor had given her something "to throw the heaviness off her chest." After the bucket was "emptied, she laid down." (p. 5.).

This story of the bucket ends the history of her previous state of health, which constitutes the first part of the inquiry. It must be regarded, also, as the commencement of the illness ending in her death, which occurred about thirty-four hours later.

She was missed at dinner, and was next seen by a lady boarder (Mrs. Parker, p. 4,) who visited her room at two o'clock in the afternoon, and who then found her "completely prostrated," "very languid," and "very drowsy."

Here we have a distinct commencement of the serious symptoms of disorder of her system in the prostration, languor and drowsiness—all easily accounted for by the emetic, and the previous dullness and heaviness in the head and stomach.

The chambermaid (p. 5,) sees her at three o'clock, and finds her lying in bed, but thinks that she does "not seem very ill." Her room is visited a third time by the chambermaid, between seven and eight o'clock in the evening, after an interval of between four and five hours; she finds her "seeming to be very sick and sleepy." "She got up," says the chambermaid, "undressed, and went to bed; she had a wrapper on; I helped her to undress; I helped her to get out of bed; when I wouldn't speak to her she would doze off, sitting on a chair, when I would call her to arouse her; I did not see her then until the next morning at six o'clock; I then saw her in bed; I went to her, shook her, and called her, but she never moved nor answered a word; her breathing was very hard."

Another witness, the proprietor of the hotel, testifies that he knocked at her door, which had an open transom ventilator over it, and called her, between nine and ten o'clock, but could get no answer.

Mrs. Parker, the lady boarder, saw her again, a little after six o'clock, on this second morning. "She was lying insensible, breathing rather heavily. Thought her eyes a very little bit open when she first saw her. Saw her again at noon; her eyes were closed, and there seemed to be a perspiration on her face. She was lying on her left side, in an easy position." *The room seemed to be very close*, but there was no unusual odor. "Her breathing did not amount to a snore, but made quite a noise; it was not regular; it would apparently stop for a while." There were no convulsions and no distortion of the features seen by this witness.

We have other testimony, to a similar effect, some of which shall be submitted presently; but as these two witnesses complete the only, or rather the most precise history given, of the symptoms, these being unchanged to their observation, throughout the day until her death, we stop a moment to examine them.

She was first seen by Mrs. Parker in a languid, prostrate and drowsy condition at two o'clock; but the chambermaid had found her under the influence of an emetic, evidence of which was seen and taken away, soon after eleven o'clock. This more or less prostrating emetic had been taken thus early in the day, after a bad night, as shown by her conversation with the waiter. It was taken when she had but one meal to depend upon for nourishment and renewed strength in the morning, and after a walk in the cold of mid-winter, the walk itself having been taken—partly for business, perhaps—but quite as much, according to her statement to the waiter, to relieve her of a load of something which was weighing down her head and stomach—in other words, her frame. Eleven o'clock, therefore, may be regarded as the date of the commencement of the dangerous illness which had made the progress noted by dinner time at two. No well informed physician can deny that there is, here, enough described to account fully and naturally, without the slightest strain, for the first period of an invasion of apoplexy from indigestion; and that just such symptoms might occur in a person of weakened heart, fatty and softening brain, or degenerated kidneys, or, what is just as likely if not more so, of all three together in Miss Stenneke's case, since these conditions accompany each other.

Another witness (Mrs. Schindel, also a fellow boarder, p. 5,) saw her at the breakfast table on the 27th, and not again until the next morning, after seven o'clock. "She was then unconscious, breathing quite heavily, and so continued during the day, in the same position, breathing harder, of course. Her breathing was long and heavy, not rapid gasping. Frequent intervals of a moment or so in her breathing. Did not observe any convulsions; no distortion of the features or face. Her tongue and mouth were a little twisted on one side, the left side, she was lying on. Her tongue protruded the least bit. There was no contraction or rigidity of the hands and feet. There was no foaming at the mouth, but a little saliva escaped from it during the day. Her eyes were closed from the time I went in, before eight o'clock. I was there most of the day, and found her during the day about the same as she was in the morning."

A fourth unprofessional witness (Mr. Lochman, pp. 5, 6,) was called into her room about seven o'clock on the morning of January 28th, and found her "lying on her left side, insensible. Her respiration was slow and laborious; her muscles seemed to be very much relaxed; the mouth was partially open, some accumulation of saliva, and rather pendant, from its flaccidity, to the left." "Her eyes were closed; I made no examination of them, the lids being closed." This witness states that they looked for bottles and other articles "out of which she might have taken medicine; we found a bottle of sulphuric ether, partly filled, on a table near her bed." If the absence of medicines or phials need have increased suspicion of foul play, the presence on a table near her bed of a bottle partly filled with such a powerful narcotic as sulphuric ether, was at least sufficient to suggest a doubt as to whether that may not have been the poison administered by herself; not, of course, in intentionally poisonous doses, but imprudently and injuriously, as we have often known it to be taken.

Mrs. Parker further testifies (p. 18) that Miss Stennecke "breathed very heavily, amounting to a snore." Mrs. Parker had "seen some one under the influence of morphia, who breathed heavily, amounting to a snore; not such a snore as a person sleeping; it was rather distressing." This witness and Mrs. Schindel (p. 19) assert that "her cheeks remained quiet; there was no flapping or moving of the cheeks."

Mrs. Horn (a witness for the defence, pp. 22, 23,) testifies that she found Miss Stennecke, about seven o'clock in the morning, "in an unconscious state, lying with her mouth open, tongue drawn to one side, breathing heavily, short breaths, not very short, not natural, snores, occasionally very slight stoppage in her breathing; her nose drawn somewhat to the left side; did not examine her eyes; they were closed when I went in; they remained closed all day." This witness "noticed in the afternoon that she was in a profuse perspiration on the right side, and not on the left." She also insists that the left hand was cold and the right was natural, the left side of the face was cold and the right warm, at least during the afternoon, between three o'clock and five, which was the interval in the course of which she repeatedly observed the condition of the arms and hands and the sides of the face. Several other witnesses testify, in common with the four quoted from, to the symptoms already described, as well as to the fact of her death at six o'clock.

The puffing respiration, referred to as "flapping of the cheeks," might have been an indication of some value; but was not, as we all know, a necessary accompaniment of cerebral apoplexy, and hence its absence was significant of nothing but relaxation of the muscles of the lower jaw, and of the consequent open mouth which is described. The difference in temperature and perspiration of the two sides was more important; and so would have been a definite inequality in the muscular power remaining in the two sides

during the earlier part of the second day. This does not appear to have been tested; and, at all events, is left in doubt so far as positive observation among the witnesses is concerned.

The idea of hemiplegia, or palsy of one side; and that of uræmia, or urea blood-poisoning from Bright's disease of the kidneys, although very natural, do not seem to have improved the case for the defence; because the suspicion of each disorder failed for want of evidence sufficiently strong as to its probability, or even possibility, to impress the jury in contradiction to the strange assertions of the self-constituted experts for the Commonwealth. It is by no means certain that there was not some hemiplegia, resulting from a greater amount of disease upon one side of the brain than upon the other, but there is no positive evidence of this; and the failure of the attempt to show it, for want of proper observation before death and at the post mortem inspection, only reacted on the prisoner instead of increasing the doubt, as it ought to have done, as to the actual nature of the case.

Having thus presented all the material testimony of the unskilled witnesses who saw the most of Miss Stennecke during the last thirty-three or thirty-four hours of her life, let us once more review their account of her condition.

She is seen first at breakfast, attracting no attention; then at bank, apparently as well as usual; soon after this "trying to walk off" a load upon her stomach, and feeling "very dull and bad;" next, at eleven o'clock, after taking an emetic to get rid of "the heaviness;" and then at two o'clock, "very much prostrated, languid and drowsy;" afterwards, at three o'clock, when she does "not seem so ill, and is lying down;" lastly on that day, between seven and eight in the evening, she seems "very sick and sleepy," requiring to be undressed and put to bed, dozing off while undisturbed, but waking up when spoken to. This marks a decided, but not necessarily alarming increase, of the somnolence observed at two o'clock. It does not seem to have alarmed the chambermaid; nor does the inability to arouse her two hours later appear to have disturbed the landlord. The doctor, who left her (according to one witness) at twenty minutes past eight, could not have been much impressed with it, or he would certainly have made some demonstration of anxiety, were it only for the sake of appearances.

Ten hours elapse, during the night, without any knowledge of her condition, until six o'clock of the next morning; when she is found to be in a profound coma, from which she cannot be aroused. Unless we choose to consider the call and knock of the landlord, between nine and ten o'clock P. M., a sufficient test, it is impossible to determine at what particular hour she fell into this state of stupor. We all know the frequency of these attacks at night; and how comparatively often this uncertainty exists, where the patient has been found either already dead, or several hours nearer to the end than Miss Stennecke proved to be at six o'clock.

The fair presumption is, that the coma discovered at six in the morning had begun its course in the afternoon or evening, and had been gradually overwhelming the patient throughout the night. The premonitory drowsiness, although not essential to a case of natural coma, appears to have existed, as it often does, especially in Bright's disease, and to have escaped particular attention from all observers, including the physician so far as show of apprehension was concerned; and this we have many of us seen in cases where there had been no previous reason for apprehending more drowsiness than weakness and fatigue might readily explain.

Whatever its precise duration, this coma lasted twelve hours longer, without convulsions and without the slightest proof of any special or peculiar phenomenon except those which

are common to all cases of cerebral apoplexy and to very many of moribund prostration. It is remarkable that the only intelligible history of the illness of Miss Stennecke, however superficial and even contradictory, is derived from unprofessional witnesses; although she was within the reach of professional observation during the last twelve hours of her life.

The sole professional witness of the phenomena of her attack was first called to see her at eleven o'clock of the second day, more than six hours before she died. What opportunities he sought to assure himself of her condition, and how he conducted his examination of the symptoms, cannot be gathered from his incoherent and meagre testimony.

It is impossible to convey a just idea of this strange medley of gossip and conjecture and of his confused impressions and unwarranted opinions, without quoting his evidence at length, as given in chief and under cross-examination, with the exception of his opinion (p. 19.) as an expert.

DR. A. J. HERMAN.—(*Affirmed.*)—I am a practicing physician in this place. I have been engaged in the practice since 1839. On the morning, about eleven o'clock, of the day she died on, I received orders to come to Burkholder's to see Miss Stennecke. I went to Burkholder's, and went up to her room; there I met Dr. Schoeppe; he told me he had a case of "half-palsy," and I think he said he wanted to know whether bleeding was called for in her case. She was lying there, inclined to her left side. I was standing at the foot of her bed at the time this talk took place. I wanted to be satisfied, her lying on her left side, knowing she was a mushy woman, whether her face was crooked or not. I then told in English what a half-palsy was, that the face would have to be lopsided to have it. A lady present said she always had a crooked face. I then made no other explanation about the "hemiplegia." I then went up to her bedside; wanted to feel her pulse. I felt both arms, and found no pulsation in either; then drew the eye-lids apart, to see if there was any difference in her eyes. I found them both alike, a contracted state of the pupils. That amounted to about all I did. The doctor told me he had applied warm applications to the feet. I told the doctor then I thought she was past bleeding, and there was no use to do any thing else, that she was past taking remedies. I did not look upon it as hemiplegia at all. I was puzzled to know what was wrong. I had never seen hemiplegia in that condition before. The singular expression was the matter that troubled me. When I opened the eyes it just put me in mind of a chicken hawk that was poisoned with a compound poison. That made me think that she was rather overdosed with medicine of the same kind. This hawk was so much relaxed with taking these drugs that the tongue would fall to either side the head was leaned to, and the contracted pupil. Her physiognomy showed about the same appearance. The drugs administered to the hawk were opium pills and prussic acid—opium pills, or laudanum mixed with bread crumbs; and gave it corrosive sublimate too. The hawk lived two or three days. The symptoms indicated no natural disease. I never saw a form of sickness like it before. I could not tell the cause of her death. It was a singular form of sickness, that I could not account for at all. Morphine is the active principle of opium. Dunglison says that prussic acid has a contractive effect upon the pupil of the eye. Dunglison on poison cases.

Cross-Examined:—The singularity of the case was, she laid there in a weak, relaxed condition, as a person feels after taking a prostrating dose of Tartar-emetic. I think I have stated all the particulars I recollect of. I saw the eyes very plainly. They were contracted in the same condition as they would be if poisoned by an overdose of opium or morphia. In many cases of death you often find the one eye dilated, the other contracted. I can't call to my memory at present. In all affections that come from the brain the eye would be dilated. In apoplexy I have invariably found the pupil dilated. I never saw a case in the human subject that I knew to be a case of prussic acid. I don't pretend to say that prussic acid has the same effect on hawks and other animals that it has on the human system. All experiments are made on inferior animals. I don't know that it is laid down in the books that experiments made on fowls are no criterion for the human system. I never saw Mitchell's work on experiments with opium on pigeons. I never saw a hawk poisoned with a simple poison. One poison is frequently used as antidote to another poison in the human system. This is laid down in all the books. Atropia is an antidote to prussic acid. A good many years ago the experiment was made on the hawk: it was be-

tween 1837 and 1842. One drop of the prussic acid, a pinch of corrosive sublimate—a couple of grains, and as much laudanum as would stay in a piece of bread was the mixture; doses of this were given at intervals of three and four hours until the hawk died. If my memory serves me right, atropia is the antidote to prussic acid. I will show the authority for this. Dr. Schoeppe, Mrs. Schindel and Mrs. Parker were in the room when I examined the eye; there was also another lady present. I don't remember any other lady; there may have been another. It was the lady I didn't know the name of who said she always had a crooked face. She spoke this out while I was at the foot of the bed. I passed no opinion. I merely expressed in English what the doctor told me. If I said it was half-palsy they must have misunderstood me as to what I explained to them the doctor told me. I couldn't say what I didn't think. They were sitting in a row back of me. She might have stood back of me, or at my side, which, I didn't notice. I did not reply to Mrs. Horn it is a stroke. I did not say, although it was so put down, that I was satisfied it was produced by narcotics; not at least in that way. All I meant was, it was not any one narcotic. I don't recollect that I said that. She was in *articulo mortis*, and there was no use to apply remedies. I did not think, nor did he, that she would live till we went out and came back again. I have used prussic acid. I would have given her combined antidotes if I had given her anything. I would have given iron, to turn it into Prussian blue. I would have used electricity to stir her up. But she was too old a subject, and too far gone to use anything. Could have used stomach pump, but it would have killed her, she was so far gone; he thought so too; we coincided. He told me he had done all that could be done. I noticed no peculiar odor.

In chief:—The eyeball had a kind of conical appearance; more elongated; that was the singular appearance of the eye. After we left the house, the doctor and I, we walked out towards my house. I told him that folks told me before I came to the house that she had too much morphia, and was dying in consequence of it. He told me he had not given her any; if she had any she must have got it somewhere else. It seemed to affect him very much when I told him that. He seemed to be kind of scared, and said if she had taken any morphia it might be found in her. I said I guess not, that I thought it would be all lost in the system before it could be found. Yes, says he, by post mortem examination there have already been found as high as three grains in the brain. He seemed to be scared, and I pitied him really, and said it was given for her benefit. These post mortem examinations, I said, would be left to physicians, and they wouldn't be over anxious to make the examination too soon, and the contents would be left lie around until they would be accidentally lost. That no person who had corns was apt to tread on other fellows' corns. That any accident that way would be overlooked, and I thought it consoled him very much, that it met with his approbation. At the time that he heard they were making a post mortem examination in Baltimore he met me in front of the Court-house; then spoke about this examination, the post mortem; asked me whether I had a work on medical jurisprudence. I told him that I had, but there were a lot of books taken from my office, and I couldn't lay my hands on them at present. I told him Shearer's office was handy; he could get one from him. We went in and got one. I then left Mr. Shearer's office, and he had the book. The doctor said, if they don't find anything in the subject what can they do?

DR. A. J. HERMAN (recalled to finish cross-examination):—I met the folks who told me, I think Mr. Burkholder one, and Mrs. Parker another, and several others, as I passed through the entry. I don't remember who the others were. I didn't tell Schoeppe she had taken morphia. I thought he knew that himself. I thought she had been taking it. If it uttered my lips that she didn't take morphia I didn't mean it. I don't believe I did say from the appearance of her eyes she had not taken morphia. If I did say it, I said it unthinkingly. I was not asked any portion of my conversation with Dr. Schoeppe. I don't think I detailed any of it in my former examination. I understood him medical jurisprudence. I didn't give anything definite. I don't think I could have said that. My feelings towards Dr. Schoeppe have not been at all of a bad kind. I have no feeling against him at all. I have said nothing to any one meaningly against him. If any one said anything against him I may have assented, but not with the intention of injuring him.

Re-in Chief:—The appearance of her eye indicated hydrocyanic acid, according to Dun-glison. I found the books the gentlemen asked for, and find them just as I stated.

The only available information to be extracted from this remarkable display is found in the following few words: "I felt both arms, and found no pulsation in either; then drew the eyelids apart, to see if there was any difference in her eyes. I found them both alike, a contracted state of the pupils. That amounted to about all I did."

The confession here made of the whole extent of his action in the case, whether as counsel or expert, may be safely taken as the most accurate and pointed statement in his testimony. It fully accounts for the confused and meagre nature of his recollections, as shown by the counter-evidence of others, as well as by his own self-contradictions, which he endeavors to disclaim.

The single examination of the eyes, which seems to have made so striking an impression on his sight as to have recalled to his memory the tortures to which he had subjected a chicken hawk so long ago as "between 1837 and 1842," was not sufficient to satisfy us, even as to the state of the pupils; and yet it appears to have been submitted to as conclusive evidence that the pupils were not only contracted, but contracted alike, throughout the last six hours, if not during the whole of the attack.

Admitting this fact, however uncertain; still we know from experience, as well as authority, that contracted, and equally contracted pupils, although most generally attendant on morphia or opium poisoning, are not invariably so. Dilated pupils are sometimes present, and sometimes dilatation of one pupil and contraction of the other, is the condition observed. And we equally well know that contracted pupils are sometimes met with in morbid coma, with other apopleptic symptoms, and are frequently seen in certain forms of cerebral disease which may end in fatal stupor. They are not sufficiently conclusive signs of opium poisoning to dissipate a single reasonable doubt; and, as the only additional symptom noticed, even on the one occasion, they must not be allowed to establish what is not otherwise proved by any or all of the phenomena observed—that is, either singly or as a whole.

We need not again review the history of the symptoms at the close of the medical testimony of the skilled, as well as the unskilled witnesses; but would merely call attention to the length of time during which Miss Stennecke survived. We are inclined to date the commencement of her attack at least so early as eight o'clock of the 27th of January, when she was left by the chambermaid in a drowsy condition, from which the landlord could not or did not awaken her, when he called her, before ten. Whether this be so or not, there is no question that she was in a hopeless stupor at six o'clock the next morning; and so continued gradually sinking until her decease, at six o'clock P. M. of the second day, the 28th of January.

Fully twelve hours of complete coma are thus demonstrated; and at least eight hours of previous partial coma, during which, as may fairly be presumed, no one had approached her. This would allow too much time for the smallest possible poisonous dose of prussic acid, supposing there were the slightest evidence in the appearances or other circumstances, as testified to, to justify the suspicion of this acid—which there certainly is not. The idea, suggested without knowledge or experience by Dr. Herman, (p. 19,) of the protraction of this time by the modifying influence of morphia, is a violent hypothesis, which the peculiarly depressing effects of both poisons, and the promptly fatal effect of one, will not allow us to entertain, even if the opinions given on the trial as to the signs of prussic acid poisoning were otherwise deserving of our serious notice. In short; as prussic acid is well known to kill its victim within a few minutes, or three or four hours* at the furthest, and

* One member of the committee once observed a case of prussic acid poisoning which survived four hours. The longest period on record hitherto is one hour.

was admitted at the trial to be generally fatal in its action in from five to twenty or thirty minutes, the prussic acid charge is out of the question, except under an imaginary and altogether unreasonable view; and as morphia or opium poisoning is equally fatal, in the very large majority of instances, in from six to twelve hours, the fact of opium poisoning is exposed to very reasonable doubt.

No one would pretend to say that morphia or other opiate might not have been given to her by some one, or taken by herself, through the mouth, skin, or rectum. Neither has any one the right to say that the history here detailed, so far as it could be by the only witnesses cognizant of facts, betokens that such poison was either given to or taken by her. There is no substantial reason furnished by the testimony on either side of the trial, for attributing the fatal coma, or other symptoms in the case, to opium, morphia, prussic acid, or to any other poison or poisons, single or combined, rather than to natural and everyday disease. There is no warrant for suspicion, notwithstanding the complete unconsciousness, the peculiar respiration, the relaxed muscles, the laterally fallen jaw, uncertain pulse and skin, and even the contracted pupils. Several of the witnesses were evidently possessed with the idea of narcotic poisoning; but they had nothing but their hearsay recollection of discussions among themselves, and their own inexperienced imaginations to sustain them in it. Nor does the only medical witness to the facts, in his theoretical and practical ignorance of the subject, prove himself much better off than his unskilled neighbors, in his opinions as to prussic acid and the compound poisoning.

The symptoms detailed are well known to be characteristic of various forms of apoplectic cerebral lesion. They may have been due to anæmia, or to ischæmia, no less than to what is called uræmia—to failure of the circulation in the brain through want of strength, or through obstruction, or through both. To embolism, or thrombosis—that is, to the plugging, with clots, of the cerebral arteries or veins, or to diseases of these arteries or veins; and especially to a fatty or atheromatous condition of the heart, or larger arteries, or of both; to impoverished blood and weakened nerve force, and to other causes, often connected with degenerated kidneys, but not necessarily always dependent upon the blood poisoning or other results of this often insidious disease. There is nothing in the case of Miss Stennecke, so far as the medical history is concerned, that cannot be fully accounted for on the supposition of asthenic or anemic cerebral apoplexy; or apoplexy, with or without softening of a portion of the brain, from failure of the arterial circulation with obstruction of the venous circulation, through gastric irritation and cardiac exhaustion—in other words, of nervous apoplexy from indigestion, in an aged and feeble person. There may have been fatty or other disease of the kidneys, accompanying and perhaps causing the general ill health and final catastrophe. There is no definite evidence either for or against these suppositions, and we can only regard the kidney disease and the disorder of the brain and vascular circulation as conditions which might have been detected, but which remain as much in doubt as the symptoms of poisoning, *for want of observation when the opportunity was afforded during life, no less than after death.*

Our opinion, therefore, at this stage of the inquiry in the case of Miss Stennecke is, that the medical evidence of poisoning, so far as the ante mortem history is concerned, amounts to nothing; that the unprofessional testimony (*which only proves a natural stupor*) is the only reliable evidence as to every fact but one; and that the testimony of the one professional witness of her illness is worthless and ought to be condemned by every member of our profession in the country.

The next step in the investigation brings before us the post mortem examination. This was made at Baltimore, on Ash Wednesday, not later than the eleventh day after inter-

ment, and the thirteenth after death. The time of year, January, must have aided more or less in preventing material decomposition; but the transportation by railroad, from Carlisle to Baltimore, over a hundred miles, with two or three changes of conveyance by by the way, was likely to increase the difficulty in ascertaining even the proximate character and amount of whatever disorders of the circulation may have existed at the time of death; since the influence of position on the gravitation of the fluids in the body after death, even in cold weather, is well known to be so great as to require great care in its estimation in all instances where the body has been moved.

With this precautionary view, there was nothing to interfere with a thorough, careful, and scientific pathological examination of the whole body, and especially of all the important organs and structures; not in the search for the effects of poison only, but for all such lesions or traces of lesion as might reasonably have been looked for as among the possible causes of an unexpected death in one who was nearly seventy years of age.

Unfortunately, there is scarcely as much, in the results of the hasty and superficial examination actually made to enlighten us, as there is in the evidence of the unskilled witnesses in the first stage of our inquiry. There is, in that portion of the testimony, some positive proof of facts; of definite phenomena, which, however confused and incomplete in general character, affords, nevertheless, a sufficiently clear description of certain signs either of disease or of poisoning. In the reports of the post mortem examination no signs of either disease or poisoning are presented: and nothing of the kind is attempted except a sort of *ex post facto comparison between the external appearances found, a week after the examination, to be described in the work of Wharton and Stille as characteristic of prussic acid poisoning, and those of the body, as the examiner was able to recall them after that interval of time.* In short, there is very little to show but the neglect of an opportunity, highly interesting in itself and of vital importance to the case; a mischievous failure to discharge a duty, which no reasonable man would undertake unless amply qualified himself, and fortified with the assistance and presence of others equally well qualified.

It will be sufficient to point out some of the most striking defects of this examination, so far as we can understand them from the printed report.

In the first place, a bad beginning must have been made, if the report be right, in his cutting through the dura mater with the skull, and removing the two together. "The membranes of the brain," he tells us, "were then cut to permit its removal." "The vessels of the pia mater, which cross the brain immediately, were gorged with blood, but were not distended, were not turgid, were flaccid." Here there is a contradiction of terms, which may be due to error in the printed report. "The brain itself was not disturbed in the removal. But the fourth ventricle was torn through, by its softening before the cord was cut which attached it to the spinal column." (p. 9.)

If not misrepresented, he destroys, by cutting through the dura mater, without remark or attention, the means of ascertaining the amount of venous congestion in the sinuses; and, at all events, he acknowledges that there "was a large amount of blood in the cranium; can not say how it came." (Cross-exam., p. 10.) This was just the most important question, whether in view of narcotism or apoplexy. He says that this accumulation of blood (which he afterwards informs us was all dark fluid blood, not "ante mortem," and hence "post mortem blood,") "could not have been by hemorrhage, because there was no clot." There could be no stains of blood, in his opinion, without a clot, of which he could not have failed to discover stains, at least, if no other traces; and none of these existed, because he cut the brain to pieces, and was not able to detect any coagulum in the substance or elsewhere, or any effusion of blood, either in or on the brain! This absence of

clot and of other signs of hemorrhage or hyperæmia in the substance of the brain—except in the softened portion which he does not describe—is exactly what might have been expected, and we would have looked for, especially in conjunction with engorgement of the veins. Although he finds softening of the interior of the brain, which he tears in its removal, he omits the examination of this very important portion, mistaking it for the result of decomposition; and forgets to note the condition of the exterior of the brain, which is always the first to soften under the influence of post mortem change. He pays no attention to the arteries of the brain, in which he might have found some clots, perhaps, although with very small amounts of “hæmatin,” notwithstanding its importance, in his view, as a “positive evidence of apoplexy.” The condition of the vessels of the base of the brain might have been conclusive; and yet, in his process of chopping up, these channels of vitality were lost to the examination. The softening might have been increased by the serosity in the ventricles, an evidence of lesion if sufficient for that purpose; but it could not have been produced by chemical decay, when the body was in a state of general preservation expressly stated to be good, and when no change had taken place in many parts, the post mortem decomposition of which is well known to precede that of any portion of the brain. In fact, the interval after death was entirely too short, especially in winter, to explain any decided softening, in the brain or elsewhere.

No description is given of the heart, except that it was “healthy,” the consistence, size, color and the contents of the two sides not being noted except that “the blood in the heart was fluid;” the aim being rather to discover the presence or absence of “calcification or nodes” upon the valves, and the ability or inability to “prevent the water passing through,” when “poured into the aorta from a phial.” The aorta does not appear to have been inspected, notwithstanding this trial of the valves. The only reference to the lungs informs us that “sections of them were thrown into a bucket of water and floated, showing no consolidation.” The liver and spleen were examined by their “external appearance alone.”

No examination was made of the kidneys; and none of the bladder and its contents, of the uterus or of the rectum, or of any other part or parts, with the single exception of the stomach or a portion of the small intestine, “he is not positive which.” The contents of the abdomen were “examined by inspection,” “before any incisions were made into its viscera.” Although “distended with air, and rather pale, they appeared healthy on sight.” The stomach was “removed by two ligatures, first passed around its two openings and secured.” “It was placed in a bucket brought by Prof. Aiken.” “The liver appeared healthy—not enlarged or unnaturally small.” “The spleen was examined in the same way, with the same result.” These so called examinations were simply external “inspections;” no idea of color, consistence or other characteristics being thought of. Two sections of the small intestine, one of the ileum eighteen inches in length, and the other also of the ileum nearer the colon, were tied and removed like the stomach, and put into jars for chemical analysis; nothing having been seen of the interior of the canal except in the casual look at one or the other portions, which was “laid open upon a clean plate.”

This closes the account of the post mortem inspection; of which we have presented enough to show its insufficiency to prove anything but the incompetence of the examiner and the unfairness of the examination. There was but one other professional witness present, except the analyzing chemist under whose direction the investigation was undertaken. No representative of Dr. Schoeppe, or any third party, was present at the operation, except the professional assistant who seems to have been there to identify the body as that of a relation; and no written record of appearances noted appears to have been made. The professional assistant testifies to the softening of the brain, but cannot

say what part was softened! He was looking for "hemorrhages of the spine." He coincides with his principal in asserting that the "whole brain was 'examined' and that he "found no pathological lesions of any kind." He professes to have made "a cursory examination of the kidneys, but not a thorough one."

The failure to make a close inspection of the kidneys on the spot, and a subsequent examination of their structure with the microscope, as might doubtless have been done and ought to have been attempted, has been justly reprehended, as an omission that was fatal to the evidence, because it leaves us in the dark as to points which might have settled the question. This objection was made by the defence, with ample force, and should have had conclusive weight, as there was no answer worthy of notice to contradict it. There was nothing more likely than that Miss Stenneke had been suffering from Bright's disease in a more or less advanced condition; and hence had been—through fatty degeneration of those organs, and, incidentally, of the heart, liver and brain, weakening all her vital functions, impoverishing her blood and enfeebling her digestion—predisposed to the sudden illness, or at least the death, of which she died. There is certainly nothing uncommon or unnatural in such a termination of her life, especially at her age. Whatever really was the cause of her decease, it might have been much more sudden without justifying any reasonable suspicion of violence or poison, *unless under the very strongest corroborative circumstances*. As already intimated, a microscopical investigation of the structure of the heart, liver and brain, as well as of the kidneys, might have been practicable, and ought to have been attempted. A careful study of the softened tissues of the brain, both as to extent and structure, and of the arteries leading into and towards them, might have thrown great light upon the immediate cause of death. All the symptoms, including the contracted pupil, might have been conclusively explained, without resort to the old-fashioned "hemorrhages," coagula, congestions and blood deposits, or even to uræmic odors or effusions, referred to by the prosecution.

We have said enough to justify our view of the extremely indefinite and inadequate character of this hastily performed inspection of Miss Stenneke's remains; and now proceed to notice very briefly the last stage of the investigation, as exhibited in the testimony of the chemical expert for the Commonwealth.

The manner in which the chemical examination was conducted, and the negative results produced, through defective analysis in the search for prussic acid, have been already widely discussed and criticised. The fatal error of this examination was so clearly and ably exposed in the learned and skilful testimony of Professors Wormley and Himes, that it is needless to dwell upon it here.

It is enough to say that, owing to the forcible exposure of the fallacy, in the employment of sulphuric acid upon the tissues of the stomach, by which traces of hydrocyanic or prussic acid might have been developed in the saliva, the jury was directed by the Judge to "lay the question of death from prussic acid aside, so far as it is affected by the testimony of Professor Aiken and his chemical analysis."

Another illustration of the serious error, which seems to have been dangerously common among the witnesses for the prosecution, was the reckless manner in which this witness hazarded the notion that, although he had been unable to detect anything but a trace of prussic acid, and that only with his sulphuric acid, the presence of this "trace" "made it perfectly certain" to his "mind, as a matter of opinion, that a much larger quantity must have been present in that stomach ten or twelve days before!" We have here a striking instance of the mania for detection, so well described by Casper, in his great work on medical jurisprudence. It is a horrible species of sensationalism, against which

that great authority was taught by his experience, to warn his readers with an earnestness which this illustration of its evils will enable us to understand in full force.

After the failure in the proof of prussic acid poison, it is unnecessary to consider the remainder of the testimony, in which Professor Aiken states that he looked for all the mineral and vegetable poisons, and was unable to find them. He does not say how and by what processes he made the search. He "more particularly looked for morphia and strychnia," but did not succeed in discovering "any vegetable alkaloids or mineral poisons."

Here was a much more promising field; one in which, if any poisoning had taken place, morphia was the poison to be found; but his results were in the negative. He could discover no traces in a body only thirteen days after death, and in excellent preservation.

What remains, then, for the prosecution in the only solid medical foundation for their charge of poisoning, when no medical evidence, negative or positive, of that poisoning has been produced which is worthy of the name? None has been offered, either in the description of the symptoms before death, or in the results of the pathological examination of the body, or in those of the chemical examination of the body, after death.

We do not consider ourselves obliged to recognize the fictitious case propounded as "a hypothetical case" to several so-called medical experts. Nor are we inclined to consider the opinions professed to be given by these witnesses upon the hypothetical case. Such exhibitions are necessarily fallacious, and hence unfair and dangerous. They partake too much of an ex parte aspect, if not of the character of a foregone conclusion, to be worthy of a Court of Justice; above all, in a case of life and death, and where the benefit of the doubt must ever be on the side of the accused.

A very slight examination of the testimony of at least one of these special witnesses will show that he is quite as much influenced by testimony of Dr. Herman and by impressions derived from the evidence of other witnesses for the prosecution, as by the picture drawn by the constructors of the fancy sketch propounded.

In conclusion, your Committee would beg leave to say that a careful study of all the testimony for the Commonwealth in the case of Dr. Schoeppe, with a like study of the medical testimony for the defence, has satisfied us as to the sufficiency of the latter for its purpose. We are equally convinced of the incompetence of the former to prove anything whatever, except the death of Miss Stennecke after an illness of about twenty-three or four hours duration; in which illness, the only prominent and unquestionable symptom was a coma, which was much more likely to be the result of disease than the result of poison.

Much has already been said in regard to possibilities and probabilities of different forms of analagous disease, with which Miss Stennecke may have been affected; and we might still indulge in conjectures, and expend more time and labor in similar speculations; but they would answer no good practical purpose in their application to her case, for the plain and insurmountable reason that the premises are not sufficient to justify a positive diagnosis.

Having no substantial evidence for a scientific basis, we have absolutely nothing in the shape of genuine facts on which to rest an investigation, or through which to reach a definite conclusion. The utmost that we can affirm upon the evidence presented is, that there is much reason to believe she died a natural death from apoplexy, and very little reason to believe that she died of any kind of poison.

EDWARD HARTSHORNE, Chairman.

Committee. { ISAAC RAY,
ROBERT BRIDGES,
JOHN J. REESE,
S. LITTELL.

HALL OF THE COLLEGE OF PHYSICIANS OF PHILADA., Nov. 3d, 1869.

From the New Haven Medical Association.

At a meeting of the New Haven Medical Association, held on the 11th day of October, 1869, the case of Paul Schoeppe, M. D., of Carlisle, Pa., tried, convicted and sentenced to death for the murder of Miss Maria Stennecke, by poison, was brought forward for discussion. As very grave doubts arose of the sufficiency of the evidence given in the case, a committee of five was appointed to investigate the subject, and to report at the next meeting of the Association. This committee consisted of the following gentlemen:

GEORGE F. BARKER, M. D.,

Professor of Chemistry and Toxicology.

MOSES C. WHITE, M. D.,

Professor of Pathology and Microscopy.

CHARLES L. IVES, M. D.,

Professor of Theory and Practice of Medicine.

CHARLES A. LINDSLEY, M. D.,

Professor of Materia-Medica and Therapeutics.

PHILIPP ESSROGER, M. D.

The following is the report of that committee:

Your Committee have very carefully and deliberately examined the evidence in the case of the State against Dr. Paul Schoeppe, upon which evidence he stands convicted of murder in the first degree. And they beg leave now to offer the conclusions to which they have come. These conclusions are as follows:

I.

Most of the symptoms observed in the case of Miss Stennecke are not reconcilable with those caused by prussic acid, and, moreover, the methods for separating the poison employed by Professor Aiken, as well as the reactions subsequently obtained by him fail entirely to give satisfactory evidence that prussic acid had been administered to the deceased.

II.

SOME OF THE SYMPTOMS EXHIBITED.

This evidence they find in the enclosed pamphlet, entitled "The Schoeppe Murder Trial. The Trial of Dr. Paul Schoeppe in the Court of Oyer and Terminer of Cumberland County, Pa., charged with the murder of Miss Maria Stennecke, by poison. Hon. James H. Graham, Presiding Judge, Hugh Stuart and T. P. Blair, Associate Judges. Printed at the *Herald Office*," are to a certain extent, similar to those produced by morphia

and its salts, but as they are likewise of very common occurrence in comatose conditions produced by purely natural diseases, and as no other more significant symptoms of morphia poisoning were observed in Miss Stennecke's case they are led to the belief that she did not die from the effects of that poison.

III.

No facts at present known to science, and no recorded experience within the reach of your committee, have been found to justify the new theory of the combination of prussic acid and morphia, which was offered on this trial. Hence they regard the assumption that morphia could delay or diminish the action of prussic acid as purely gratuitous.

IV.

In consequence of the imperfect and unsatisfactory character of the post mortem examination, and, therefore, in the absence of many important data, they are not able to give a definite and precise opinion upon the real cause of Miss Stennecke's death. They are convinced however, that there are certain natural diseases with the symptoms of which those given on the trial are quite compatible, which may have caused her death.

V.

The circumstantial evidence adduced against Dr. Schoeppe appears to your committee inadequate to prove his guilt. In their opinion, it may be consistent with his entire innocence of the crime with which he is charged.

The following are some of the reasons which have led your committee to the conclusions given above:

I.

The symptoms of the deceased are not compatible with those of prussic acid.

A. Because, while prussic acid is the most rapidly fatal poison known, death in this case did not take place until fully 22 hours after the poison was alleged to have been given.

B. Because, while the odor of prussic acid—an odor recalling that of bitter almonds—is readily perceived when it has been taken, the evidence fails to show that any one detected it, either in the room before death or at the post mortem examination.

D. Because while the taking of prussic acid would weaken the pulse very speedily, the pulse of the deceased appears to have been strong on the morning of the 28th of January.

And E. Because no convulsions or muscular rigidity were observed, these being the almost constant symptoms of prussic acid poisoning.

Moreover, the tests by which the prussic acid was claimed to have been recognized fail to demonstrate indubitably its presence.

And even granting that they prove the presence of minute traces of this poison, it is clearly possible that these traces may have come from the sulpho-cyanide known to be a constant constituent of the saliva, or may have been produced by the processes employed as suggested by Professors Himes and Wormley, with whose testimony we entirely concur.

II.

Nor is the evidence that death was caused by morphia any more satisfactory. Apart from the very significant fact that no traces of this alkaloid were discovered in the chemical investigation, the symptoms do not corroborate the hypothesis. An ordinary dose of morphia would have excited and agitated the patient, so that in place of the drowsiness testified to, there would probably have been nervous agitation. Her eyes would have

sparkled, probably, also. These symptoms, had they been present, would not be likely to have escaped notice from the attendants. Lastly, a fatal dose of morphia would probably prove fatal in a shorter time than 22 hours.

Your committee would express their surprise that the consulting physician declared her past the help of medicine seven hours before death. If he suspected poison in the case, it was plainly his duty to say so to his fellow practitioner, suggesting, it may be, on overdose as the cause, asking what the remedy given was, and even threatening an exposure unless the facts were given. Certainly to a person in *articulo mortis* the use of a stomach pump or the administration of counter remedies, could do no harm and should have been tried.

As to the theory put in evidence against the prisoner, viz: that both prussic acid and morphia may have been taken and that the morphia acting as a stimulant may have weakened and thus postponed the effects of the prussic acid, your committee have been able to collect no statistics of poisoning by both these substances combined either to prove or to disprove it. They are of the opinion, however, that on general principles the union of two such powerful narcotics would rather accelerate than retard the time of death. Supposing, as they do, that Dr. Schoeppe's conviction was mainly due to this hypothesis, they would protest strongly against the principle involved in it and hence recognized in this case, as a principle not only unparalleled in all previous trials, but fraught with the gravest consequences to our profession.

IV.

That the post mortem examination was performed in an exceedingly superficial and unsatisfactory manner must be sufficiently obvious to the most cursory reader of the evidence. The kidneys, the bladder, the sexual organs and other important parts were entirely neglected. No microscopic examination was made of so important a part as the softened portion of the brain, nor was the examination of the heart at all thorough and sufficient. Your committee do not comprehend the argument of Dr. Conrad that the aortic valves were sound because water passed through them; the proof being evidently the reverse fact. The statement may be misprinted, however.

Your committee are of the opinion, however, that a microscopic examination of the heart should have been made, as there may have been fatty degeneration of this organ, a disease not at all uncommon among aged persons, and one of which they not unfrequently die. They would adduce in evidence of this the case of an elderly woman of Guilford, Conn., who died so suddenly as to give rise to a suspicion of poisoning; a suspicion strengthened by the fact that she, as well as the other members of the family, had been attacked a fortnight before with vomiting and purging. Professor Bacon, of this city, made the post mortem examination and found no evidence of poisoning. Upon examining the heart microscopically, however, Professor White of your committee found fatty degeneration.

Even those parts of the body which were examined, seemingly with care, were not subjected to tests which can in any sense be called crucial. For example, evidence was given to show that the lungs contained air and were in a healthy condition because pieces of those lungs floated in water. Without stopping to ask whether the pieces chosen represented fairly the whole lung, it is obvious that if diseased to any extent other than or short of complete hepatization or solidification, they would thus float. Moreover, after being interred thirteen days, parts well hepatized at death might be inflated by putrefactive gases so as to float on water.

So also the kidneys may have been seriously affected by morbus brightii, which may not have been suspected in life. A case in point was brought before this association by Dr. Dibble, of this city, not long ago. An elderly woman, sixty-seven years old, was treated by various physicians for more than six years, generally for hysteria, but sometimes for sciatica. Though complaining often, she was nevertheless a hearty eater. No signs of serious disease were present, no œdema perceptible in any part of the body. One day she fell to the floor in a comatose condition with symptoms not unlike those exhibited by Miss Stennecke, and died shortly after without any return of consciousness. Post mortem showed that the kidneys were extensively diseased, proving the case to be one of advanced morbus brightii.

But one positive result was yielded by this post mortem examination, it showed that a part of the brain near the fourth ventricle was softened. This may have been the result of embolism (Virchow) or the obstruction of an artery, an occurrence not very rare with elderly people, and one resulting often from heart disease, sometimes from an atheromatous degeneration of the arteries. Embolism happens sometimes in the middle cerebral artery (arteria fossæ Lyloia) (Virchow) in the neighborhood of the fourth ventricle. Sometimes the artery gets obstructed suddenly, then the result resembles apoplexy. Sometimes the obstruction is not complete, a portion of blood still passing, then giddiness, drowsiness, malaise, and even labored respiration are the first results, which are soon followed by prostration, insensibility, and slight paralysis, called paresic. As in apoplexy but one side of the face, together with the corresponding upper and lower limb, becomes paralyzed, the paraletic portions of the body being cooler than the healthy ones.

The paralysis after embolism, however, is never so distinct as after apoplexy, which always comes suddenly and affects a larger part of the brain. It may therefore escape the attention even of a practitioner, and this the more readily since the theory of embolism is of a rather recent date. If death does not immediately follow, then that part of the brain whose nourishment is prevented becomes softened. Indeed, softening of the brain is in most cases the result of such an obstruction of an arterial vessel.

Taking into consideration, therefore, the fact that most of the symptoms now given, viz., giddiness, drowsiness, heavy breathing, insensibility, slightly paralyzed features and limbs (on one side of the body only), coldness of that side, and softening of the brain, as ascertained after death, were present in the case of Miss Stennecke, your committee are strongly of the opinion that she may have died of this terrible but purely natural disease.

V.

In regard to the circumstantial evidence given on the trial, your committee, with all due respect, would protest against that portion of the Judge's charge in which he refers to this evidence. The illustrations which he gives do not find any parallel in the present case; they are extreme examples, admitting of no doubt, while those circumstances offered against Dr. Schoeppe, as already shown, are in their opinion very doubtful.

Dr. Schoeppe's anxiety, put in evidence against him, is no sign of his guilt. Most young practitioners whose future reputation and prosperity rested on a case like this, would be equally anxious and excited, if placed in like circumstances, all of which is respectfully submitted.

GEORGE F. BARKER, M. D.,
MOSES C. WHITE, M. D.,
CHARLES L. IVES, M. D.,
C. A. LINDSLEY, M. D.,
PHILIPP ESSROGER, M. D.

*Dated at New Haven, this 25th day
of October, 1869.*

At a meeting of the New Haven Medical Association held on the 25th day of October, 1869, the foregoing report was accepted unanimously, and it was further voted that the Secretary send said report, duly attested, to the President of the German Aid Society of Philadelphia. A true copy of record.

Attest: J. WADSWORTH TERRY, M. D.,
Secretary of the New Haven Medical Association.

S P E E C H

DELIVERED AT THE EXECUTIVE CHAMBER, AT HARRISBURG, ON NOVEMBER
11, 1869, BEFORE HIS EXCELLENCY, JOHN W. GEARY, GOVERNOR,

HON. F. CARROLL BREWSTER, ATTORNEY GENERAL,

AND OTHERS, BY

FREDERICK DITTMANN.

Before I proceed to my discourse, let me thank your Excellency for the course you have taken in granting me a hearing in this momentous affair. Let me thank you in the fullness of my German heart, let me thank you in the name of the unfortunate prisoner, let me thank you in the name of an aged father, of a dying mother, of some friends, of numberless sympathisers of the medical world, of his German countrymen, and of right-minded, upright citizens generally. For, sir, your having consented to this hearing is a good prognostic. It signifies that you intend to give to this case a most careful investigation, and it is that what I crave—nothing more.

It was suggested to me to press the application for a pardon for Dr. Schoeppe before the late election. I spurned the idea. I thought that I knew your Excellency too well as to suppose that anything could prompt your action in this matter but the purest motive. I had faith in the cause. I believed in the innocence of the prisoner then, and I believe in his entire innocence now. Yes, and I believed, in the words of our American Lyric, Mr. William C. Bryant,

“Truth crushed to earth will rise again,
The eternal years of God are hers;
But error wounded writhes in pain,
And dies amidst its worshippers.”

I never entertained the idea to come to you craving for mercy, though I had no doubt of your merciful disposition. I desired to ask of you justice, and nothing but justice! For not as the counsel of the prisoner do I appear before your Excellency, but as the solicitor of an association, older than the Commonwealth itself—as the solicitor of the “Society for the Relief of Distressed Germans in the State of Pennsylvania.” In that capacity I was called upon to examine this case, and in that capacity I have come to the conclusion that a great wrong has been done to this prisoner; that he has claims upon me, and upon the Society which I have the honor to represent, and that he is in distress indeed!

Whatever may be said about the course your Excellency has decided upon, for political opponents will always have something to criticise, every good citizen will applaud it; and, sir, it is not unprecedented. During the reign of one of the most stupid of England's Kings, James II., William Penn had cases re-heard before the King and Council; and during the reign of George III., the case of Katharine Nairne and Patrick O'Gilvie, convicted of poi-

soning O'Gilvie of East Miln, the whole proceedings were considered by the Royal Executive and his privy council, and, sir, the comments of Mr. McCarty, an eminent counsellor of his time, were well weighed, and one respite granted after another.

What justice-loving citizen, then, should find fault if the Governor of Pennsylvania, the successor of the great and good William Penn, consents to do the like?

Now, then sir, after having said so much, let me proceed to a brief discussion of the case.

In a poisoning case two questions invariably arise: The one, Was the deceased poisoned? and, secondly, Who administered the fatal dose?

In the case now before us, I contend that the first question cannot be answered in the affirmative; and, if such be the case, there is no occasion to trouble ourselves about the second.

To determine whether a person has died from the effects of poison, three things have to be taken into consideration, the symptoms, post mortem appearances, and the chemical analysis. It is true that the books speak of moral evidence, but at this time, when the sciences of medicine and chemistry have been so far advanced, such evidence should be considered only in the determination of the second question.

What were the symptoms?

I shall state them briefly, as I shall throw but a cursory glance at all the evidence which is of a medical nature. The doctors have examined this case—have so fully commented thereon that there is really little or nothing left for me.

The deceased in the morning was in the street. She went to bank and transacted business, and while there the clerk did not observe that she was in any way ailing. He had no conversation with her about her health—all he could say was as to her appearance. She leaves the bank, meets the witness Drew, and complains of indigestion and that she does not feel well.* She reaches her room, the doctor, the prisoner, comes, and she calls for a spoon. The spoon is brought, and the doctor takes it out of the hands of the servant. He then administers medicine to her—for such is admitted on all sides—and about half-an-hour afterwards she vomits. A servant comes to the room, takes out the bucket, and from that moment on it appears she grew weaker and weaker. She tells the servant the doctor had given her something to take the heaviness off her chest. This expression of hers, in connection with the fact that she called for a spoon evidently to take medicine, corroborates the testimony of witness Drew, who was called on the part of the defense. This all, and nothing of it is disputed, shows beyond a doubt that Miss Stennecke was not well on the morning of the twenty-seventh of January, and that she was suffering from such complaints as are the precursors of apoplexy, and for this I respectfully refer to the opinion of the Committee of Philadelphia Physicians.

After she has had a vomit she is weakened; on the afternoon of the twenty-seventh witnesses represent her as prostrated, but at three o'clock not very sick. In the evening, when she is undressed, very drowsy, falling asleep when not spoken to, and between nine and ten in the evening not answering to knocks at her door. On the next morning she is insensible—lying on one side, her mouth and tongue somewhat twisted towards the left side; head and forehead somewhat clammy and rather cold; no convulsions; no distortion of features; no contraction or rigidity of the muscles; temperature natural; skin rather moist; feet and muscles much relaxed; limbs warm; mouth partially open; some accumulation of saliva; reclining almost entirely to the left. That is about the order in which the symptoms followed, according to all the witnesses, to which may be added that

one of the witnesses for the defense observed the left hand and the left side of the face to be colder than the right. But it is just to state that several witnesses for the prosecution seem to contradict the latter statement.

In addition to this brief sketch of the symptoms may be stated that she did breathe rather heavily, that her pulse felt strong—a little quick—and that the pupils of the eyes were contracted.

The allegations of the Commonwealth is, in the first place, that Miss Stennecke was poisoned with prussic acid, and it behooves us to see what the books describe to be the symptoms in case of such poisoning. The book which I shall rely on is Wharton & Stille's Medical Jurisprudence—for such is considered authority in all the Courts of the Commonwealth. In section 706, (2d Edition), we find the following observation: "Where insensibility is not immediately produced, it is preceded by faintness, giddiness, loss of muscular power, and sometimes by convulsions. When the patient is insensible the eyes are fixed and glistening, the pupils dilated and unaffected by light, the limbs flaccid, the skin cold and covered with a clammy perspiration; there is convulsive respiration at long intervals, between which the patient appears lifeless; the pulse is imperceptible, and involuntary evacuations take place. The respiration is slow, deep, gasping, and sometimes heaving or sobbing."

Is it necessary to add comments? Certainly not. A glance shows that the symptoms observed on the deceased Miss Stennecke during her last illness do not at all correspond with the description here given.

One point, however, may here be observed. The noise of her breathing was noticed when she exhaled; and Dr. Zitzer, who was examined for the defense, says that the noise in respiration in cases of poisoning by prussic acid is occasioned when the patient is inhaling, and, sir, Dr. Zitzer was not contradicted by any one of the great Æsculapians who appeared for the Commonwealth.

As to poisoning by opium the symptoms do not any more correspond, and therefore that other theory started by the Counsel for the Commonwealth is equally untenable.

I shall not take the trouble to review the testimony of Dr. Aiken as to his analysis of the stomach. I invite your Excellency's attention to the opinion of the Philadelphia Committee and the testimony of Professors Wormley and Himes. Professor Wormley has a reputation not only in these United States, but he is quoted with equal respect in Europe, and, as to Dr. Genth, he is considered reliable by all the savants of the Old World. And, sir, these distinguished gentlemen have so completely used up the Baltimore Professor, that there is really nothing left of him that would be worth the trouble to pass any criticism upon. Who knows Professor Aiken? But, if they were all equally reliable, then we have the majority of numbers, and the scales necessarily incline to our side.

The post mortem appearances as detailed by Dr. Conrad were as follows: The face was discolored, most nearly resembling a saffron color; shoulders rather livid; the other parts of the body had a few greenish spots or discoloration upon them; the finger-nails were of a livid color; the jaws were nearly closed; the teeth quite approximating; a dark fluid-blood was observed when an incision was made across the scalp; the fourth ventricle of the brain was softened; the valves of the heart proved healthy; the blood in the heart was fluid; not much odor from the body; the liver appeared healthy, not enlarged or unnaturally small; the intestines were rather pale and appeared healthy on sight; no unnatural odor was discovered while the examination was made; sections of the lungs were thrown into a bucket of water and floated, showing no consolidation; the kidneys

were not examined. And this witness, when he again takes the stand, says that the description of the post mortem appearances in a case of poisoning by prussic acid, in Wharton & Stille, resembled it so closely that, with few exceptions, it could not have been better written if it had been written from the body itself. When called to the stand a third or fourth time he declares the partial softening of the brain to have been post mortem.

Here, sir, we have that Baltimore stripling of seven years practice caught in a bare-faced and wilful falsehood. In Wharton & Stille's book, second edition, section 711, the post mortem appearances are thus described: The face is either livid or pale; the lips and nails blue; and the skin of the neck, back and shoulders much discolored; the jaws are firmly closed; the muscles of the hands and feet contracted, and cadaveric rigidity comes on sooner and is more perfect than usual; the eyes have a peculiar, brilliant and glistening appearance; the pupils are widely dilated; the lungs are congested with a very dark colored blood.

This one instance shows conclusively that the testimony of Dr. Conrad is not worthy of consideration. Experience of his own he has none; and to his credit be it said he don't claim any. All he can do is to refer to books of acknowledged authority, and then, when his references are looked after, they are found to prove the contrary of what he alleges.

Commentators on the law of evidence have laid it down as a precautionary rule that the symptoms alone should not be relied on, that the post mortem appearances alone should not be relied on, and that the chemical analysis alone should not be relied on, but that evidence of all three must be there to corroborate and sustain each other in order to justify a conviction for poisoning. Applying that rule to the present case, where do we stand?

As to the symptoms, did the attack come suddenly? Had she not been ailing? Did she not complain in the morning? Did she not call for a spoon to take medicine? Did she not say afterwards that the doctor had given her something to take the heaviness off her chest? Did the symptoms begin soon after a meal? In short, do they correspond to any of the rules laid down in the books?

Did the chemical analysis prove anything? Does not even Professor Aiken say that he made every effort to discover morphia, strychnia and mineral poisons? But does he not also declare that there were none except prussic acid, and that prussic acid, according to the opinion of real experts, was of his own manufacture?

And, your Excellency, there is evidence which absolutely refutes the proposition of a death produced by poisoning. Prussic acid is invariably discovered by its peculiar odor. That odor is either discovered at the post mortem examination, or the patient may have discharged the poison by vomiting, and then it would be discovered by some person in attendance, and in this case would have been noticed by the servant who emptied the bucket; or the patient may have exhaled it during her illness, and Miss Stennecke's room was close, so that it felt uncomfortable, and still no such odor was observed. Or, sir, is it observed by the undertaker who lays out the body about the mouth or nose of the deceased, and in this case it was observed in no instance and at no time, and this circumstance alone is sufficient to refute the theory of poisoning by prussic acid.

Again, sir, the longest time recorded that ever a person survived the taking of a fatal dose of prussic acid is one hour. This patient lived full thirty hours after taking the medicine administered to her by the prisoner. And morphia even would cause death within twelve hours.

There being no evidence to justify a conviction the question naturally suggests itself. How could such an appalling verdict be obtained? And the answer to this question is,

By submitting to the jury a hypothetical case altogether different from the one under consideration, and by giving in evidence so-called opinions of supposed medical experts based thereon, and, we may also say, by what may be called the moral evidence.

In approaching the hypothetical case I cannot refrain from saying a word about the conduct of the District Attorney, for, sir, it was very reprehensible. He should have laid before the jury a case corresponding in every particular to the one of Miss Stennecke's, and he should not have contented himself with saying nothing but what was true, but he should have said all that was true. The truth, the whole truth, and nothing but the truth, was required of him. Now, in his hypothetical case, he starts by representing the deceased as in full health on the morning of the 27th, notwithstanding the fact that she had called for a spoon to take medicine, and that she stated to one of his witnesses that the Doctor had given her something to take the heaviness off her chest, and that she had suffered about her eyes. These facts were omitted, and they were all-important. It is also omitted that her mouth and tongue were twisted to the left side, and that her face was crooked, also a circumstance of the greatest importance, as will appear by the medical opinions which I have the honor to submit to your Excellency's careful consideration. The District Attorney, in leaving out this important statement in the framing of his hypothetical case, became guilty of a violation of one of the first principles of professional ethics, to wit: that a prosecuting attorney should never resort to sophistry, and should never allow himself to be carried away so as to attempt getting a verdict of conviction except by fair and honorable means. He forgot that he was not only counsel for the Commonwealth, but also for the prisoner. Why, sir, the adroit and unscrupulous Pollexsen, when prosecuting the pleas of the Crown at the Western Assize held by the infamous Jeffreys, did not commit so great a wrong!

If then the hypothetical case did not give a fair and truthful representation of the case then before the court and the jury, what are the opinions of the so-called experts worth? Yes, sir, and the evidence of medical witnesses may be of the greatest weight when based upon established facts, but it is of no account when speculative, and the evidence of those who were called to give an opinion upon the hypothetical case was altogether speculative. None of them could give an infallible opinion. We may well say to them, in the words of my illustrious friend, David Paul Brown, the Nestor of the Philadelphia Bar, "The condition of a scientific witness must be most awful who gives any other opinion than that which is infallible."

The speculations of these so-called experts brought the Commonwealth's counsel into a very unpleasant dilemma, and they called into their assistance the incomparable Dr. Herman. That fellow immortalized himself; his name will be read as long as a student of law or a student of medicine will read the trial of the martyr of Cumberland county justice. Dr. Schoeppe will receive the sympathies of true philanthropists everywhere; but he is most to be pitied, for that his name will be handed down to posterity coupled with that of the great chicken-hawker of Carlisle, as we read the name of Columbus alongside of that of Fernando Cortez. Read the testimony of that witness for the first time and you will be appalled; read it a second time, and you will feel indignant; read it a third time, and you will be disgusted. He said at the bedside of the deceased, "It is a stroke;" he denies it at the trial, and still a truthful witness, of irreproachable character, says he did. He says at the trial that somebody said, "She had always a crooked mouth," and every person present upon that occasion proves it to be a falsehood! Is anything such a witness says to be believed? Certainly not. He had evidently prepared himself for this case, and still he had to go home for a book to find out what is the antidote to

prussic acid; and when he has his books to hand he does not know that experiments on birds are no criterion, while every bird fancier in the land knows that parsley, a harmless herb, is poison for the parrott. He indulges in speculations as to the effect of a combination of prussic acid and morphia, without having any scientific foundation nor any experiments to sustain them. Yet he is so positive in his speculations, and upon them depended this life of a brother in the profession. The chicken-hawk story, if true, is of no significance, but when told by such a witness it may well be doubted. Let him betake himself to chicken-hawking, for he has evidently more capacity for destroying life than for preserving it.

Such wild and fantastic speculations would not do to secure a victim for the gallows, and the two great cart-horses, Dr. Herman and Dr. Conrad, had to be re-attached to the Commonwealth's vehicle. The former took it upon himself to say that the kidneys, which he had not seen and which his illustrious compeer had not examined, were in a healthy and normal condition, and the latter declared the partial softening of the brain post mortem. For this suggestion, for it is nothing more, Dr. Conrad fails to give any reason. Common sense tells us that the brain being equally well enclosed and protected would meet with a general and not a partial decay. If the softening had been post mortem it would have been the result of decomposition. Still, sir, there was no peculiar odor, and ask any physician who ever dissected a human body, and he will tell you that the odor of human brains gone into a state of decomposition is horrible, compared to which the smell of *assofœtida* is like the perfumes of Arabia.

Yet such evidence is offered, and for what purpose? To convict the prisoner upon a negative proposition—upon the proposition that there was no natural cause of death. What can be compared to that in monstrosity? When was there ever a poisoning case tried upon such a principle? In the State trials you look in vain for a precedent. Such barbarism was not displayed in the trial of Mary Blandy, nor in the trial of Katherine Nairne and Patrick O'Gilvie, nor in the trial of the parties who were convicted of the murder of Sir Thomas Overbury in the Tower!

Besides, this evidence is at best negative, and negative medical testimony in a case of poisoning is, according to the best legal authority, worthless. To meet this, however, I respectfully solicit your Excellency's attention to the positive theory of the natural cause of death as given by the gentlemen of the Philadelphia Committee. I shall not comment on it, for it would be like lighting a candle to add lustre to the sun.

A word or two about the so-called Moral Evidence. Dr. Schoeppe was—as one of the counsel very ingeniously remarked, to invoke native prejudices—“a recent importation.” He came to Carlisle; was well received by the most respectable families. He was poor; then came Miss Stennecke as a benefactress, and he naturally felt grateful to her; and would he be the first to mistake gratitude for love? However this may be, he had the prospect before him to become wealthy by marrying an old lady. Perhaps ninety out of a hundred under similar circumstances would have acted as he did. Let him who is free from sin cast the first stone. She willed him her property—for, sir, the will is no forgery, no matter what Judge Graham may feel at liberty to say from the bench. In these few words I have stated the whole crime.

But oh! the prisoner bought prussic acid of Dr. Worthington, of Carlisle, and of Dr. Herron, of Harrisburg. He is a physician; bought a good many medicines of all kinds; prussic acid is a medicine. Why did he go to Harrisburg? some will ask. The answer is, If he did go to Harrisburg, he had the best reason in the world for doing so, for the

article found in the Carlisle drug store was defective. But if Dr. Schoeppe really was the person who purchased prussic acid of Dr. Herron, was his conduct such as to justify even suspicion? Would one who buys poison with a criminal intent draw the particular attention of the shop-keeper upon himself by quibbling about a few cents?

But, from what the prisoner has said to me and from a close scrutiny of the evidence, I am inclined to think that Dr. Herron is mistaken. He had great difficulty in recognizing him, and what led him to believe that Schoeppe was the man, the hat was proved not to have been worn upon former occasions. A case is related by Dr. Temme which happened in Prussia. A larceny had been committed and suspicion was cast upon an honest schoolmaster. A young magistrate inquired into the matter, examined a number of witnesses, and all he heard and could ascertain satisfied him of the guilt of the poor teacher. At the right time an old and experienced judge examined into the case, and a few questions which he put to the witness showed the entire innocence of the prisoner. And, sir, in that case all turned upon the question as to the hat he had worn on the evening when the crime had been committed. The conduct of the prisoner was laid some stress on by the Commonwealth, and the prosecuting counsel, in their eagerness to make out a case where there was none, caught at everything which might indicate something like guilt or justify some shadow of suspicion. One instance I will point out which would be worthy of the pen of a Shakspeare and the pencil or brush of a Hogarth to ridicule it and hold it up as a caricature of judicial investigation. The instance I allude to is that a witness is called to testify that the prisoner came "running down stairs!" Horribile dictu! Running down stairs, and the house was not on fire! But terrible as this circumstance is in its bearing upon the poor prisoner, it is somewhat lessened in its weight by the further testimony of the same witness, who says that he sometimes *runs* down stairs himself. What should Dr. Schoeppe run for? The indefatigable District Attorney McLaughlin, was not then after him, as he is here to-day, by letter, praying, like the daughter of Herodias, for blood!

Another circumstance is that when he came to the room of his patient, the twenty-eighth, in the morning, he looked for phials, glasses, &c., and said, "Might she have taken something?" Now, sir, the symptoms of the disease in some of their aspects bear a close resemblance to a poisoning by morphia. The Doctor, in a conversation with another witness, said that Miss Stennecke had asked him to give her something to make her sleep. What, then, taking this altogether, is there suspicious in his looking for something which would indicate that she had taken morphia herself? All he said and did concerning the matter of the will belongs to the will case and not to the poisoning case which was tried at Carlisle.

The conduct of the prisoner after the death of Miss Stennecke may seem suspicious, but in reality it is not. After she had been buried, old women among them, Dr. Herman commenced with their "ambiguous giving outs." Dr. Herman undoubtedly pronounced some doubtful phrase:

"As well, we know; or we could an' if we would; or, if
We list to speak; or, there be, an' if they might."

Now, in the name of common sense and of experience, let any person find himself suspected of a high crime, and know himself to be the subject of town gossip, and he will show uneasiness. There is such a thing as a trembling of innocence! But look at his conduct in the sick-room and about the hotel where the deceased stopped. How anxious that a servant should always be in attendance in waiting upon his patient. He at once, when he saw the condition Miss Stennecke was in, had sent for another doctor. Would a man

conscious of guilt, send for a physician to be present and observe the symptoms of the disease and thus secure damning evidence against himself? Never! never!

A good deal has been said about the motive the prisoner had to commit the murder. What motive could he have? If he had had an opportunity to marry some young Cumberland county miss, the deceased might have been in his way; but, sir, nothing of the kind is known. The immediate death of Miss Stennecke could, therefore, be of no particular advantage to him, except, we think, as one of the incongruous theories of the Commonwealth's counsel would indicate that he killed her to be enabled to draw the amount of fifty dollars from the bank, when he could have thousands of dollars from her without resorting to such a crime. The thing is so nonsensical and so absurd that I would belittle myself were I to dwell upon it for any length of time.

But he forged the will! Who says so, except Judge Graham? No evidence was offered that the will was a forgery, still the presiding Judge, when sentencing his victim, took the liberty to slander him with forgery—for, sir, it was slandering him, although dignified with the judicial ermine. The legal presumption in the matter of even the humblest individual in the land is one of innocence, but at the Carlisle Court, in the case of Dr. Schoeppe, it seemed the reverse was held to be the rule. Was that also because he was “a recent importation?” Now, sir, I undertake to say here to day that the will was no forgery, and I further say if that will were a forgery, Dr. Schoeppe would have never been indicted! Take the will out of this case and there is not sufficient evidence to justify a commitment by a coroner's jury.

And I think your Excellency will—aye, must—agree with me that before inquiring for the murderer we must have the fact established that a murder has been committed. No corpus delicti, no crime—such has been the rule since the days of Sir Matthew Hale. Apply that rule to the present case. Throw out of it all about the will, and consider the evidence as to the death of Miss Stennecke by itself, and if you cannot come to the conclusion that she was murdered, the rest of the evidence is not worthy of consideration. Or, sir, even if the evidence admits of two theories, the one that she died of poison and the other that she died of natural causes, we are bound to adopt the latter; such is the law as laid down by the Supreme Court of the Commonwealth.

I refrain from saying anything about the really disgusting surroundings of this trial. Enough is indicated by the argument of the prosecuting counsel when he compliments the rabble in their clamors for blood—calling them promptings of a deep sense of justice, when, as an honorable representative of this glorious old Commonwealth, he should have upheld her majesty and disdained such means in the prosecution of his cause, and should have warned the jury against such influence instead of throwing it directly into the jury-box.

If Dr. Schoeppe's conduct be open to suspicion, what must we say of the conduct of his accusers? Dr. Herman, the author of the chicken-hawk story, when at the bed-side of Miss Stennecke, if he really thought she had been poisoned by a combination of prussic acid and morphia, as he would make us believe he did, what did he do? What would an honest practitioner do under such circumstances? Would he not have called the doctor in attendance—in this instance, Dr. Schoeppe—to an account, and have asked him what medicine he had administered? Would he not have threatened with a public exposure? The chicken-hawk story-teller did no such thing. He even allows the corpse to be taken to Baltimore without giving information to the proper authorities. An honest man would have notified the Coroner and the District Attorney, if he thought, as Dr. Herman said he did, and would have recommended an investigation.

Look at the indecency of the proceedings at Baltimore! No coroner's inquest, no post

mortem examination under the auspices of the proper authorities, but money is taken from the estate of the deceased, and so-called medical men are employed for a round sum to examine the corpse to make a chemical analysis, and to look for prussic acid. An expert, starting with the presumption of a particular poison, hired to find a particular poison, paid to find a particular poison, and that expert, while going on with his investigation, declaring that he would convict. That expert, not employing the only reliable test for the discovery of prussic acid, and upon his experiments depended the issue of life and death. Why did he not employ the nitrate of silver test.

Dr. Conrad made the post mortem examination, and while he examined different parts of the body did not examine the most important parts, such as the kidneys, &c., and did not satisfy himself as to the cause of the partial softening of the brain. Why did he act as he did? Why did he leave unexamined what might have with certainty accounted for death? Why, sir, rather be hung with Dr. Schoeppe, and have the sympathy of the world as the victim of a judicial murder, than lay oneself open to such suspicions as are forcing themselves upon the mind of every unbiased reader of this trial in regard to this Baltimore chemist and the Baltimore doctor.

Much might be said about the argument of counsel and the charge of the court, but I am determined to be brief, and shall only refer to two points. The counsel quotes the case of Castaing. Why, sir, that case was not like the present. There were convulsions and other symptoms which were not observed on Miss Stennecke, and even the conviction of Castaing has been variously commented on. Many, very many, scientific men consider his case at this day a judicial murder. To introduce that case was in keeping with the submitting of the hypothetical case. Both cases, to use 'the plain English for it, were a fraud.

The Court charged the jury, "The Commonwealth is not required to prove what kind of poison caused death, whether prussic acid, morphia, the two combined, *or other poisons.*"

What? The jury sent on a fishing excursion—to throw out their nets and catch some theory of poisoning that the Commonwealth upon the trial could not find? True enough the Commonwealth is not bound to prove the precise poison laid in the indictment, but she must prove *some poison*. In the case of this "recent importation" this is not required. The Commonwealth, not knowing the kind of poison, sends the jury out, and they, drawing upon a fertile imagination, discover it. What a precedent!

It was not my object to fully argue this case before your Excellency. My mission is rather to lay before you the memorials of the medical profession, and I therefore close here, and submit to your consideration the opinions of the Medico-Legal Society of New York, of the College of Physicians of Philadelphia, of the German Physicians of the same city, of the Medical Associations of Luzerne and Cumberland counties, and of Allegheny county of this State, of the Professors of Yale College, of Professor Reese in Philadelphia, of the medical men of Chicago, St. Louis, Washington, and others. Why, sir, do all these gentlemen take this interest in poor Dr. Schoeppe, who is immured in the Cumberland county jail and who is penniless? They did not know him. They have no personal interest in him, but they all feel the injustice done him. Moreover, they feel what dangers they are subjected to themselves, If Dr. Schoeppe's case be allowed to stand as a precedent then place a Jack Ketch at the door of every doctor's office, and your executioners will be more detested than the one who beheaded the good-looking Duke of Monmouth.

The case is now with you, sir, and you have to decide it and to shoulder the responsibility. I have done my duty; feebly, it is true, but with an honest intention to save hu-

man life and save the Commonwealth the awful disgrace of a judicial murder. Already all the medical journals of this country have condemned the Carlisle proceedings; wait a few months and the hue and cry will be raised throughout Europe. The telegraph and the press have communicated this conviction to the most distant part of the civilized world, and the sighs and agonies of the prisoner of Carlisle have been heard beyond the ocean. His trial will remain a dark spot in the history of our Commonwealth. Let everlasting disgrace be avoided.

There is something grand and solemn to administer justice—something that has the taste of Heaven to show mercy, but it is divine to administer justice in the form of mercy, and it is this what is left for your Excellency to do in this case.

I must add yet that I am requested by Dr. Schoeppe to say that he asks no respite. Though he has sinned like other men, he has committed no crime, and he is prepared to meet his Creator, but he does implore your Excellency to grant him his liberty. He has been wronged. The least that can be done is to give him his liberty. But the idea to be immured in a prison for an indefinite time is horrible. I therefore join my prayer with his. Give him liberty! He came to this country, like myself and many others, in search of liberty. And now, sir, I close, assuming the responsibility to ask for him

DEATH OR LIBERTY!